

access™

An allied health
industry journal



Soft Skills—
Inherent
or Learned?

nhaTM 

Valued Reader,

As NHA's advocacy leader, I get the opportunity to network with hundreds of educators and employers. It's our job to understand and anticipate trends that affect a group that's close to my heart — allied health professionals. The last few years have shown rapid change in healthcare, and this year is no different.

We created *access*TM, a first-of-its-kind publication, to provide you insights from expert authors and practitioners. They break down the year's hottest topics and share how they impact frontline professionals, employers and educators. *Access*TM is for you, the leaders who are most affected by the evolution of healthcare. NHA also fielded a forward-looking study to help our customers, partners and the industry understand rapidly evolving allied health professions.

With each wave of change, we're committed to providing an enhanced level of knowledge and access to the healthcare professionals we serve.

This issue covers a wide range of topics, including:

The increased responsibility of medical assistants. With a renewed focus on providing value and patient satisfaction, the importance of medical assistants and the role that they play in achieving population health quality metrics is increasingly front-and-center.

Medicare Access and CHIP Reauthorization Act (MACRA) is probably the most talked about change in healthcare for 2017. *Access*TM explores how it impacts both the clinical and educational sides of care in driving the core competencies necessary for an allied health worker to successfully perform their role.

The rapidly changing role of the pharmacy technician. Pharmacies now provide patients with more services than ever before, and the increasing workload is creating the need for additional support within the pharmacy, resulting in greater opportunities for qualified pharmacy technicians.

Many of this year's trends signal the shift toward greater value, access to quality care and expanded roles across coordinated teams. *Access*TM is critically important to us at NHA. Our promise is to continue to serve, support and empower allied healthcare professionals so that they may provide the best in care, every day.



Jessica Langley

Executive Director of Education and Provider Markets
MS, B.S.R.T. (R) (CT)

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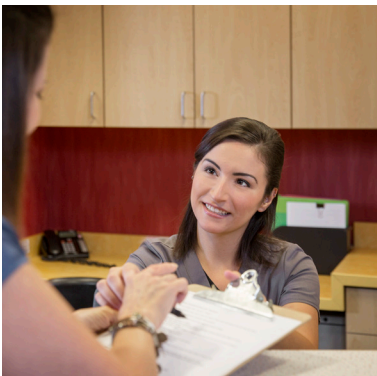




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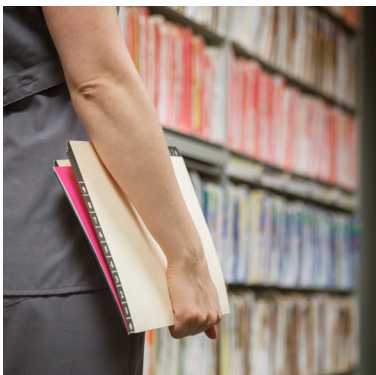
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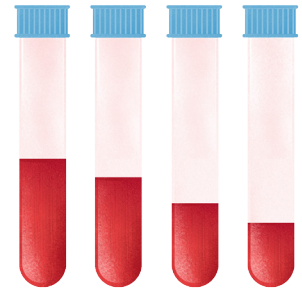
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MACRA: What Employers & Medical Assistants Need to Know

Elizabeth Woodcock is a nationally recognized speaker, trainer and author dedicated to improving the business of medicine. She helps physician practices achieve and sustain patient satisfaction, practice efficiency and profitability. We met with Woodcock to get her expert take on MACRA and what it means for medical practices and medical assistants. Below, we share some of her primary insights.

What is MACRA?

MACRA is the Medicare Access to Care and CHIP Reauthorization Act. It was passed into law in April 2015. Known as the “DocFix” bill, it corrected the flaw in the payment formula for the Medicare Physician Fee Schedule. It also outlined a new reimbursement method for physicians and other professionals billing Medicare. Although the program begins in 2019, this year is the initial performance year. ([See the law here.](#))

Beginning in 2017, physicians and other eligible clinicians have two pathways under the new program:

1 | Advanced Alternative Payment Model (APM)

Offers an automatic five percent increase to Medicare reimbursement.

2 | Merit-Based Incentive Payment System (MIPS)

Offers a payment adjustment, starting with an increase or decrease of four percent in 2019 (that eventually can be up to nine percent), based on performance in four categories: Quality, Cost, Advancing Care Information (the new name for “Meaningful Use”) and Improvement Activities. Eligible clinicians will receive a composite performance score based on their performance in these areas, with payment adjustments being imposed two years after their performance is scored.

The goal of the program is to consolidate and streamline the current pay-for-performance programs that Medicare uses including: the Physician Quality Reporting System (PQRS), the EHR Incentive Program (“Meaningful Use”) and the Value-Based Payment Modifier.

What should employers know about MACRA?

Medical practices will need to comply with the requirements outlined in MACRA or be subject to declining reimbursement. Or will they?

1 | Some medical practices may not need to worry about it at all

Newsflash: 35 percent of physicians and other eligible clinicians won't have to worry about MACRA. Centers for Medicare and Medicaid Services (CMS) increased the exemption range to \$30,000 in total allowed Medicare Part B charges per annum (or those who treat less than 100 Medicare Part B beneficiaries). Physicians and other eligible clinicians who fall in this category will simply enjoy the straight 0.5 percent increase of the Medicare Physician Fee Schedule as outlined by MACRA. "This was probably one of the biggest shocks of the recent announcements," Woodcock says. "This is in contrast to the current state where every clinician is being judged, except those who are new to Medicare."

2 | MACRA is the law; QPP is the program

The term "MACRA" has been a buzzword for the last few years, but Woodcock says it's important to note that MACRA is the name of the law - not the program. Now that the law has passed, the actual program is called the Quality Payment Program (QPP). "People are just beginning to make this shift [in terminology]," Woodcock says.

3 | Meaningful Use is now just a component of the program

As mentioned previously, Meaningful Use is now called Advancing Care Information (ACI), and it's only one of four components of the QPP. "For practices that have done Meaningful Use in the past, the transition will be easy, as the new requirements are a subset of the previous ones," Woodcock says. "That said, there are a few changes in definitions which will impact how data is recorded and reported, so reviewing and understanding the new measures is vital for success."

4 | The Quality category will be challenging

Woodcock says the Quality category of the Merit-Based Incentive Payment System will be a challenge, as the scores are compared to measure-specific benchmarks. This is a stark contrast to the past, in which the programs simply required reporting. The QPP is moving clinicians from a reporting program to a performance program.

Future challenge: Cost category

The Cost category may provide challenges as well, but CMS decided to drop this category in 2017. There is not a lot of detail yet about how/what/when the measurement for this category will be made.

Quality	Improvement Activities	Advancing Care Information	Cost
Replaces PQRS	New Category	Replaces the Medicare EHR Incentive Program, also known as Meaningful Use	Replaces the Value-Based Modifier
2017	2017	2017	2018

To learn more, visit <https://qpp.cms.gov/learn/qpp>



What does this all mean for medical assistants (MAs)?

Care teams continue to gain importance during this time of transition, with medical assistants often being in the center of it all. “Medical assistants will be more important than ever as practices strive to reach the requirements,” Woodcock says. Specifically, here are the requirements in which Woodcock believes medical assistants will play a key role:

1 | Key role: Quality Measures

There are 271 Quality Measures, and Woodcock says that medical assistants should play a role in almost every one of them! For example, one quality measure is “The percentage of patients greater than 85 years of age who received a screening colonoscopy from January 1 to December 31.” The medical assistant can help by manually identifying the patients who qualify and/or noting the alerts as per the EHR system. If a patient has not had the colonoscopy, the MA can then alert the physician or advanced practice provider that it should be ordered.

2 | Key role: Advancing Care Information

There are “base” requirements for ACI outlined in MACRA, and then eligible clinicians need to gain additional points. Medical assistants can help with many of the requirements, including supporting eligible clinicians in facilitating immunization registry reporting, clinical information reconciliation and the provision of patient-specific education.

3 | Key role: Improvement Activities

There are 92 Improvement Activities (IAs) outlined in MACRA ([see them all here](#)). Physicians and other eligible clinicians must choose two or four, depending on their weight. Medical assistants can play a valuable role in many, if not most, of these activities. One example is the implementation of regular care coordination training. Medical assistants cannot only participate in the training process, but MA leads and supervisors can contribute to developing the curriculum for their colleagues.

As physicians and other eligible clinicians implement the QPP, there is a lot of work to be done. “Physicians simply cannot do it all,” Woodcock says. It will be vital that the care teams, most notably the medical assistants, step up to ensure that the practice is compliant.

MACRA: What Educators & Students Need to Know

We sat down with Mary Jo Bowie — the owner of Health Information Professional Services in Binghamton, New York as well as the author of several allied health textbooks and workbooks — to get her take on MACRA (Medicare Access and CHIP Reauthorization Act). She's been a Health Information Technology educator for 20 years, holding associate and bachelor degrees in health information and a master's degree in health service administration. Bowie has a unique perspective of the implications of MACRA as she is both an active consultant and an educator. The following is a summary of some of her key insights on the subject.

Why is MACRA important?

MACRA, the medicare payment reform that will be implemented in the not-so-distant future, will change things from both an administrative and a clinical perspective. Medicare will be paid based on performance and outcomes — meaning that patients' health must improve (and that improvement must be appropriately documented). These changes are aiming to make healthcare more cost-effective while also looking at the quality of care. It's vital that educators help students prepare for this shift, and that students take it seriously and learn how to adapt in the ever-evolving environment of healthcare.

What should allied health educators do to help students prepare for MACRA?

1 | Stay in the know

First and foremost, Bowie says, educators must do their due diligence to educate themselves.

Centers for Medicare and Medicaid Services (CMS) has valuable information on their site that can help educators construct their classroom content. Bowie especially recommends visiting the MACRA, MIPS & APMS section of the website for a helpful summary as well as frequently asked questions. Frequently asked questions on delivery system reform and Medicare payment can be found on [cms.gov](https://www.cms.gov).

MACRA is still evolving. By the time textbooks are published, their information on the subject will likely be outdated. Educators should seek out the latest developments outside of textbooks using resources like CMS.

2 | Develop curriculum to help students prepare

Besides just knowing about MACRA, Bowie believes educators should be stressing three key areas in their classrooms, as outlined in the next pages.



A | Medical payment history

Typically, Bowie doesn't emphasize a lot of history in her classrooms. However, in order for students to fully understand the changes happening in Medicare and why they are happening, she believes it's important that faculty members set the stage by covering an overview and history of Medicare payment since the start of Medicare in their classrooms. "Students need stories," she says. "I always try to think when I'm educating — 'What is the story behind what I'm trying to teach them?'"

B | Documentation

Whether students are preparing for an administrative or a clinical role, Bowie says it's imperative that they understand the importance of proper documentation. MACRA is shifting the Medicare payment system into a more Merit-Based Payment System. Without proper documentation, it will be nearly impossible to accurately and reliably understand the quality of the patient's care, and whether or not their health is improving.

C | Listening & critical thinking skills

Proper documentation starts before keying anything into the system. Bowie believes that allied health professionals must have sharp listening and critical thinking skills to obtain the information needed for documentation. They must not only know that a patient's health is worsening, but seek to understand why it could possibly be on that path. Has the patient been taking their medications as prescribed? Has the patient followed all the doctor's instructions? What seems to be working for the patient? By helping students understand the right questions to ask and helping them connect the dots to find meaning, educators can help their students better serve both their future employers and their future patients.

"You have to think outside the box of the prompts that are in our electronic health records systems," Bowie says. "They are wonderful but they can allow us to be sloppy sometimes. By not connecting the dots of what we're entering, we're doing a disservice to people we're serving."



Put it into practice:

An example of a MACRA exercise for the classroom



This MACRA exercise brings together clinical and administrative students.

Practice a patient scenario that requires both clinical and administrative allied health students to use their listening, critical thinking and documenting skills. Then have them turn their notes into a claim and observe the impacts on both the clinical and the administrative side.



What should allied health students do to prepare for MACRA?

1 | Use their unique position

Change is challenging. However, Bowie believes that students can use this change to their advantage. “Students should realize they have unique opportunities if they embrace this change and prepare themselves,” she says. How can students prepare? Bowie says it’s not just about studying. It’s about taking that education and applying it to their position, as it will look quite different from administration staff to purely clinical staff. As students eventually enter the workforce, they can have a competitive advantage because MACRA won’t seem as new to them, and the change won’t be as great of a challenge.

2 | Take on the mindset of an active learner

This, according to Bowie, is critical. Learning doesn’t end once students have received their certification. They must keep learning in order to grow. “Some students might think, ‘I have a certification and I’ve arrived,’” she says. “But that doesn’t happen in healthcare because it’s always changing.” Students should embrace the constant change in healthcare by taking on the mindset of an active learner. **Continuing education** may not be mandatory (yet), but it’s more important than ever.

Will a change in administration affect MACRA?

Nobody can say for certain, but Bowie doesn’t see MACRA going anywhere. “We’ve had 30+ years of movement in this direction, way before Obamacare,” she says. “We’re not going away from this system.” Based on historical trends, Bowie believes this Merit-Based Payment System will begin in the Medicare platform and then likely extend out to other payment forms. “It just makes sense,” she says.

MACRA is going to create a big shift in healthcare for administrative and clinical professionals, the students who will fill those roles in the future and the faculty who helps those students prepare. The allied health professional’s role is becoming increasingly important to the patient’s overall experience. Often, they are the ones spending the most time with the patient! Educators must prepare students for MACRA as they transition into these important roles. And students must continue to further their education in order to stay current, sharpen their skills and gain the confidence they need to succeed.

RESEARCH



Like all great things, *access™* started with a vision. Every campus and customer visit, survey, round table, testimonial and conference led us here. We can learn so much from each other in the world of healthcare. Our vision was to harness the knowledge of trusted authors and published experts, supported by robust survey data and turn it into something tangible and recurring that students, employers, educators and our certification holders can depend on as a trusted resource for information.

Healthcare is ever-changing, sometimes challenging, and often exciting. Our vision is for *access™* to be the resource you anticipate to not only give you insight, but statistics, packed with information you are excited to share with your students, your colleagues and your peers.

A lot went into *access™*: persistence to get the best data, passion to tell an important story, and the desire to empower you with information that can make a difference in the world of healthcare.

We asked the questions we thought you would want answers to, gathered insights from data to help us all look toward the future and create a publication that would be meaningful to you. We hope you find a detail, a spark or a piece of data that helps you create a better future.

A handwritten signature in white ink that reads "Mike Dahir".

MIKE DAHIR

EVP, GENERAL MANAGER

RESEARCH METHODOLOGY

*This industry survey was constructed to assess the opinions of employers and educators concerning the future of medical assistant, pharmacy technician, and phlebotomist training and certification. Audiences of professionals were either employers of or who worked at an educational institution that instructs medical assistants, pharmacy technicians, or phlebotomists. The survey audience was split evenly between educator and employer, customers and non-customers and a screener question vetted out survey respondents who did not meet criteria. The data represented here was validated as statistically significant. The research reported in *access™* was conducted by Hanover Research and represents findings from a survey of employers and educators entitled "Industry Outlook Survey Analysis" on behalf of the National Healthcareer Association.®*



RESEARCH:

Industry Outlook

Certification, Salary & Forecast



The majority of employers surveyed require professional certification for roles as medical assistants (55%), pharmacy technicians (75%) and phlebotomists (57%). **Nearly all educators surveyed (96%) encourage students to obtain professional certification, and nearly all employers (88%) believe certification to be extremely important in the allied health industry as it provides credibility, boosts a career and increases demand.**

According to employers, this growth is likely due to new clinics, more clients and a larger customer base. Educators agreed and added that due to new programs, better program offerings and higher demand in the market will drive an increase in enrollment and the need for more professionals in the coming years.

Employers continue to focus on recruitment of qualified professionals with a focus on recruiting programs that highlight culture, benefits and reputation.

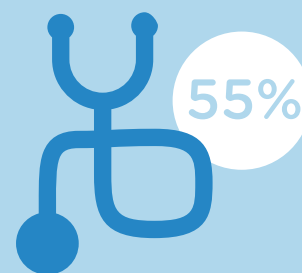
The majority of employers surveyed require professional certification for roles



PHARMACY TECHNICIANS



PHLEBOTOMISTS



MEDICAL ASSISTANTS

PHARMACY TECHNICIANS (n=28 EMPLOYERS, n=20 EDUCATORS)
 PHLEBOTOMISTS (n=30 EMPLOYERS, n=20 EDUCATORS)
 MEDICAL ASSISTANTS (n=44 EMPLOYERS, n=46 EDUCATORS)

Why do you think your organization/institution will increase the number of allied health professionals on staff/enrolled?

EMPLOYER

EDUCATOR

Always bringing in new doctors 

 **New clinics**

Growth More clients

Adding more providers  Becoming busier

More residents

Greater customer base

 We hired many more last year

More demand  Need

New programs

Better program offerings Higher demand

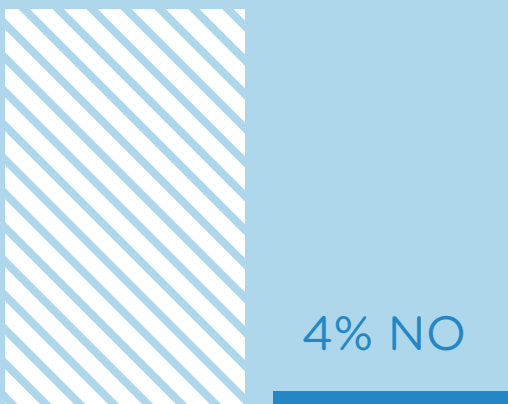
Raising enrollment 

More CE opportunity Money

PHARMACY TECHNICIANS (n=28 EMPLOYERS, n=20 EDUCATORS)
 PHLEBOTOMISTS (n=30 EMPLOYERS, n=20 EDUCATORS)
 MEDICAL ASSISTANTS (n=44 EMPLOYERS, n=46 EDUCATORS)

Does your institution encourage students to obtain professional certification?

96% YES

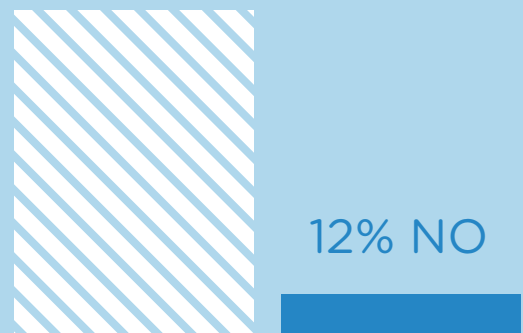


✓ **96%** of educators surveyed encourage students to obtain professional certification.

n=52

Do you think professional certification is extremely important in the allied health industry?

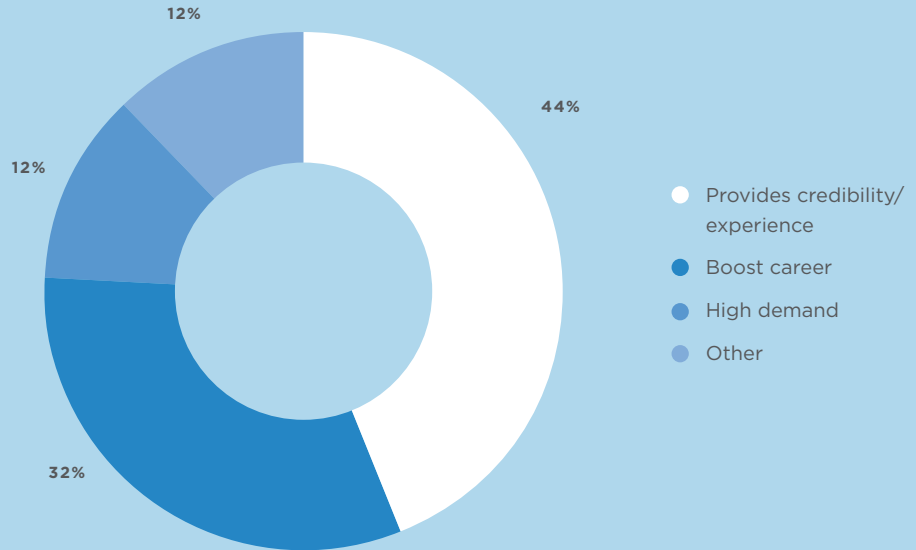
88% YES



✓ **88%** of employers and educators agree that certification is important because it provides credibility, boosts a career and increases demand.

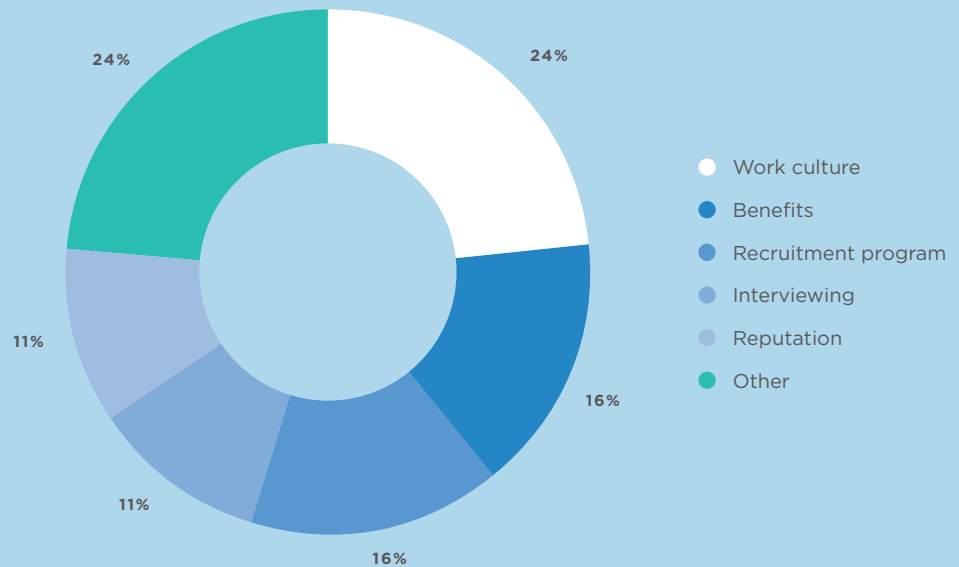
n=52

Employers were asked: Why do you think professional certification is extremely important in the allied health industry?



n=25

What do you attribute your organization's success in attracting the right entry-level professionals upon completion of an education/certification program?



n=37

Employers believe they are successful in recruiting

85% YES



15% NO



✓ 85% of employers surveyed believe they are at least “moderately successful” in attracting the right entry-level employees.

n=51

How much pressure is your organization facing to increase salary?



MODERATE TO VERY HIGH



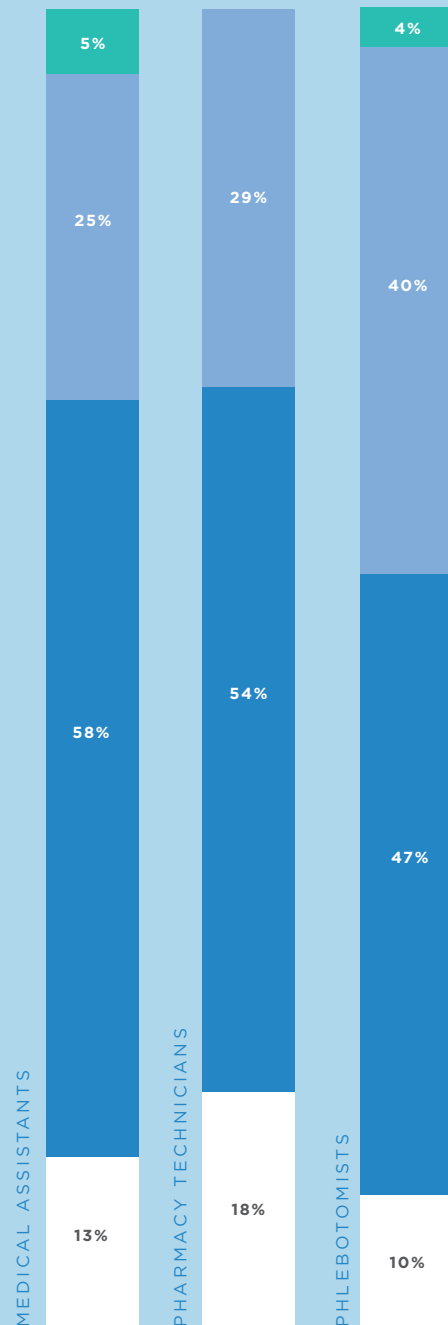
LOW OR NO PRESSURE

✓ More than two-thirds of employers surveyed indicate they are under at least moderate pressure to raise salaries.

PHARMACY TECHNICIANS (n=28)
PHLEBOTOMISTS (n=30)
MEDICAL ASSISTANTS (n=40)

We asked employers how salaries will change in the next five years

Substantially increase
 Remain the same
 Slightly increase
 Slightly decrease



MEDICAL ASSISTANTS (n=40)
PHARMACY TECHNICIANS (n=28)
PHLEBOTOMISTS (n=30)

The Role of Medical Assistants: Growth, Opportunity & Challenge

By: Michelle Heller, CMA

The field of medical assisting is on an upswing. Job postings per medical assistant (MA) completion more than doubled between 2011 and 2014, and the faster-than-average employment growth is likely to continue over the next decade.^{1,2}

Healthcare system redesign strategies, which encourage providers to work at the top of their licenses, are opening up opportunities for medical assistants to engage in higher-level responsibilities, driving greater job satisfaction amongst medical assistants working in these roles.³ And some healthcare employers are now offering signing bonuses and career laddering opportunities to attract and keep medical assistants in their organizations.

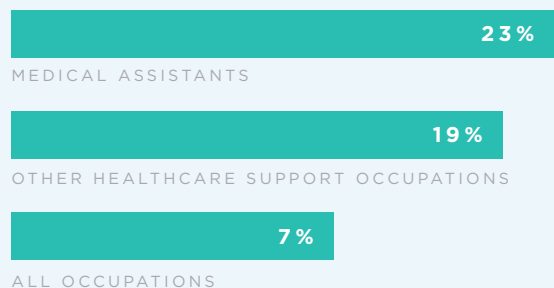
Despite positive growth trends, there are some challenges that make this a pivotal moment for the profession.

Employment outlook for medical assistants

According to the Bureau of Labor and Statistics (BLS), employment of medical assistants is expected to grow 23 percent from 2014 to 2024, much faster than the average for all occupations, which are expected to grow around seven percent.²

Medical assistants

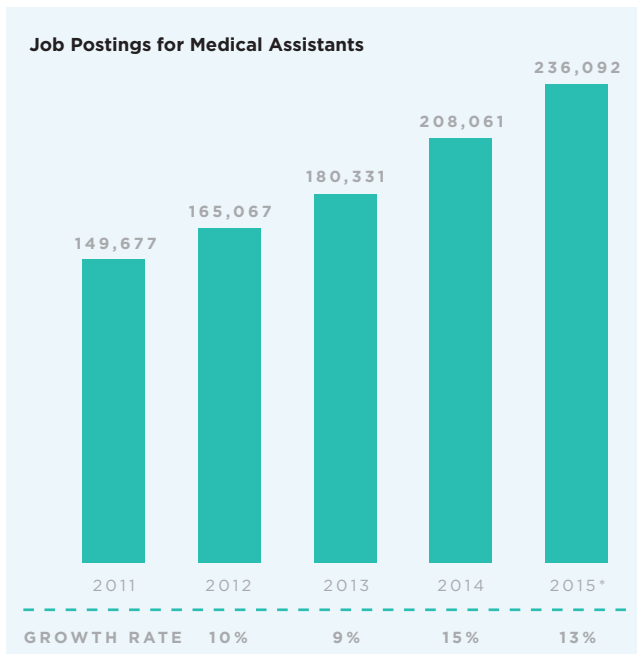
Percent change in employment, projected 2014-24



Note: All occupations includes all occupations in the U.S. economy.
Source: U.S. Bureau of Labor Statistic, Employment Projections Program

Online job postings suggest an even more robust growth in MA employment than the BLS. In 2012 and 2013, MA job postings increased at least nine percent each year. In 2014, postings increased 15 percent and a high annual growth rate continued in 2015.¹

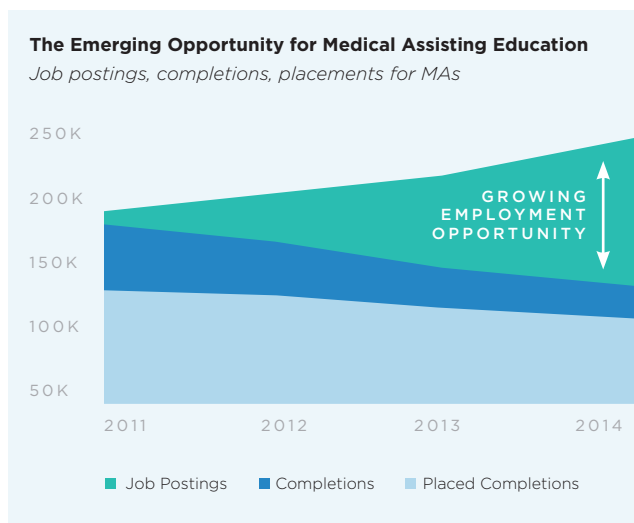




Source: The Medical Assisting Education Market Report, © Gray Associates September, 2015

*2015 bar only represents growth from January through September

Not only are employment opportunities growing, but the number of MA completions is declining —further growing job opportunities for medical assistants. See the chart below:



Source: Gray Associates, Inc., The Medical Assisting Education Market, February 2015, and WANTED Analytics

Davene Yankle, nurse manager of clinical development for the Ohio Health Physician’s Group, said her organization is seeing MA shortages. “We are seeing a shortage in both primary care practices (PCPs) and specialty practices. Due to shortages, specialty practices are using administrative assistants in place of MAs, and in orthopedics we are using athletic trainers in place of MAs. In PCP areas, we are hiring more LPNs when we can find them.”

Pamala Smith, BSN, vice president chief nursing executive with Advocate Medical Group, said that they are also experiencing a shortage of medical assistants. “There are greater challenges in recruiting experienced medical assistants,” said Smith.

While MA shortages are beneficial for those seeking employment, the shortages do create challenges for employers. What can employers do to both find and retain good MAs?

Employers can often increase the number of MA candidates they receive by partnering with schools in the following areas:

- Student mentoring programs
- Advisory panel participation
- Performing mock interviews on students during capstone classes
- Being an active participant in the school’s externship program

Partnering with an educational institution provides both students and employers with an opportunity to get to know each other and offers an edge to employer partners. Not only can employers increase their candidate pool, but they have an opportunity to interact with some of the program’s best candidates.

When experience is essential, working with medical staffing organizations and posting openings on web advertising sites can be beneficial. Offering signing bonuses, competitive salaries and career laddering opportunities will increase the number and quality of applicants, and help in employee retention.

Trends affecting MA job growth

The driver behind MA job growth – and the reason growth will continue – is an increased demand for access to care and industry trends which are changing the role of the MA.

According to the Centers for Disease Control and Prevention (CDC), chronic diseases are responsible for seven out of 10 deaths each year and treating people with chronic disease accounts for 86 percent of our nation’s healthcare spending.¹⁰ In efforts to reduce healthcare spending, emerging payment models such as Value-Based Purchasing (pay for performance) offer providers financial incentives for meeting particular health measures and reducing healthcare costs.¹¹ Greater access to care and early intervention is a central theme in value based care models, which places greater burdens on the healthcare team to see larger numbers of patients and to interact more with patients between visits.

Increased demand for access to care

Trends requiring greater access to medical care include:

- Innovations and new treatments
- An aging population
- An increase in the numbers of patients with chronic diseases associated with obesity
- The Affordable Care Act

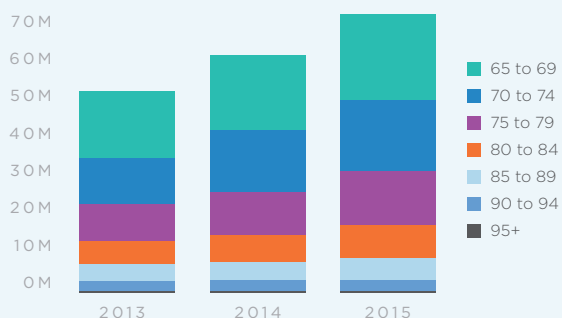
Advances in treatments and technology are allowing patients to live longer and healthier lives. Survival rates for diseases like cancer and heart attacks have greatly improved. According to the American Cancer Society, cancer deaths fell 23 percent from its peak in 1991 to 2012.⁴ From 2003 to 2013 the death rate for coronary heart disease fell about 38 percent.⁵

23%

Decrease in cancer deaths since its peak in 1991–2012

The number of Americans over the age of 65 will increase by 17 million by 2025. Individuals over the age of 65 use much more healthcare than average — approximately three times that of a working-age person.¹

U.S. Population Projections by Age Group
Americans 65 and older



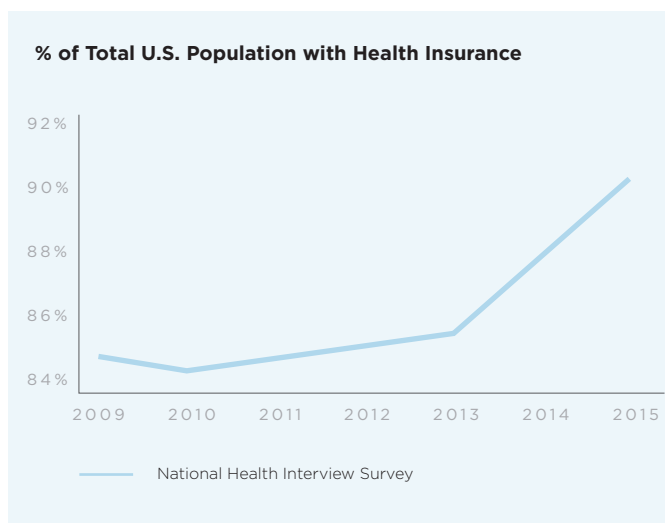
Source: U.S. Bureau of the Census

Obesity is a major and growing problem that will increase the need for access to healthcare. The healthcare costs of obesity are expected to rise by \$550 billion over the next two decades. More than one-third (34.9 percent or 78.6 million) of U.S. adults are considered obese. By 2030, the problem is expected to be much worse: 42 percent of Americans will be obese, with 11 percent being severely obese (around 100 pounds overweight).^{6,7} Obesity is a major contributor to chronic conditions such as type 2 diabetes mellitus, hypertension and hypercholesterolemia.





The Affordable Care Act has increased the need for access to healthcare and demand for services; 16.3 million Americans gained health insurance coverage from 2013 to 2015.^{8,9} Though this act may be affected by the Trump administration, access to care will most likely be a priority issue in any replacement legislation.



American Community Survey, Health Insurance Coverage Status, 1-Year Estimates 2009-2014.

National Health Interview Survey, Early Release Program:
<http://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201511.pdf>

The changing role of the MA

Almost all new trends in healthcare favor medical assistants as work shifts from higher-paid, higher-credentialed practitioners to lower-level, lower-cost practitioners, including the MA.¹ Medical assistants have traditionally worked in support positions in ambulatory care environments, performing limited clinical and administrative tasks. However, the MA's role is transitioning from a solo assistant to the provider to that of a highly valued, integral clinical team member.

Patient Centered Medical Homes (PCMHs) and Accountable Care Organizations (ACOs) have adopted a team-based care (TBC) approach in response to new payment models. In these environments, teams made up of providers, nurse case managers, medical assistants and other allied health professionals work collaboratively to help patients meet health goals. Healthcare professionals are often encouraged to work at the top of their license, freeing up providers to do tasks only they can do. In turn, a cascading "top-of-license" approach flows throughout the rest of the team - including medical assistants.

Examples of ways that medical assistants can work at the top of their credential include stepping into the role of a flow manager, running team huddles, preplanning patient visits and completing various health screenings. Some organizations are now considering their most experienced medical assistants for the roles of a scribe, health coach, patient navigator, population health manager and patient care coordinator. As medical assistants broaden their skill set, there will be significant pressure to perform at a higher level in the areas of professionalism, informatics and performing clinical tasks.

Elizabeth Thompson, medical practice administrator, Indiana University Health – Southern Indiana Physicians, believes that professionalism amongst MAs is increasing as a result of expanded roles in her organization. “The expectations are higher, and medical assistants are meeting these. As medicine moves to be more Lean, medical assistants understand that their role is vital because they are not as expensive as LPN/RNs, but very vital to making ambulatory patient care work well,” said Thompson.

A time to shine

This is a unique period for medical assistants. Job opportunities are surging and the role of the medical assistant is expanding. However, it is also a time in which organizations are sizing up medical assistants. Many organizations that either haven't used medical assistants in the past or haven't used medical assistants in expanded roles are experimenting to see if medical assistants are a good fit for their company. Conversely, due to MA staffing shortages, companies are also experimenting with using other healthcare professionals to fill roles.

How can medical assistants answer the call during this great time of opportunity? MAs must work on skills and traits that are valuable to employers and patients. Pamala Smith said essential traits for medical assistants include “excellent

customer service which ties into patient safety, the ability to multitask, being proficient with the EMR, and having good time management, the ability to think critically, being a self-directed learner, and the ability to effectively hand off if asked to do something out of your scope.”

Thompson agreed that modern MAs must show their worth on multiple levels. “MAs can show that they meet expectations by being reliable, thorough, safe, and in general, providing support through day-to-day patient care as well as specialized care, such as teaching, performing medication reconciliation, becoming an EMR super user and precepting,” she said.

In conclusion, recognition of medical assistants is at an all-time high and the role of medical assistants is expanding. As we enter this new era of healthcare, now is the time for medical assistants to shine. Now is the time for medical assistants to demonstrate they are up for the challenge by exuding professionalism and being committed to helping patients achieve their healthcare goals. Now is the time for medical assistants to validate their knowledge by becoming certified and investing in continuing education opportunities. Now is the time to pave a better path and better salaries for future medical assistants by earning the gift of today's open doors.

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RESEARCH:

Job Readiness

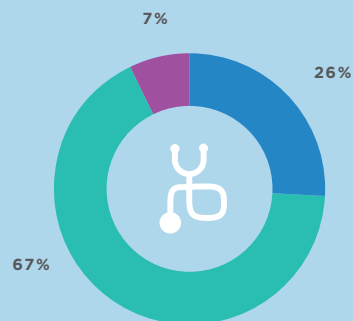
Preparation & Skills



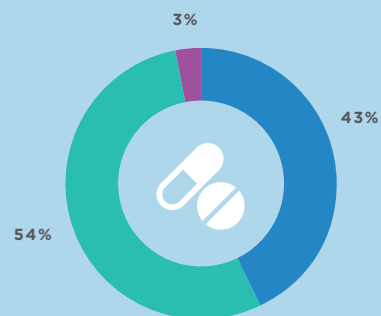
Educators and employers both indicate using continuing education to develop areas where certified professionals are lacking skills or need improvement. However, educators generally think certified professionals are more capable immediately after their program or certification than employers do in several fields, including professionalism and soft skills.

Employers indicated that communication is the single most important skill for medical assistants (MAs) and collaboration is becoming more important for MAs as well. For pharmacy technicians, the most important skill is medication safety, closely followed by knowledge of specific regulations. Employers find safety and compliance as the most important skill for phlebotomists; however, venipuncture and collection techniques were ranked almost as high.

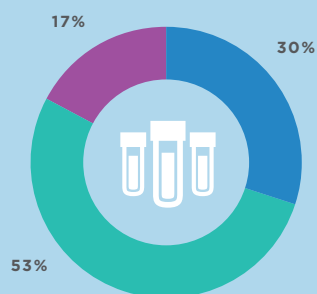
Level of preparedness upon entering allied healthcare professions



MEDICAL ASSISTANTS



PHARMACY TECHNICIANS



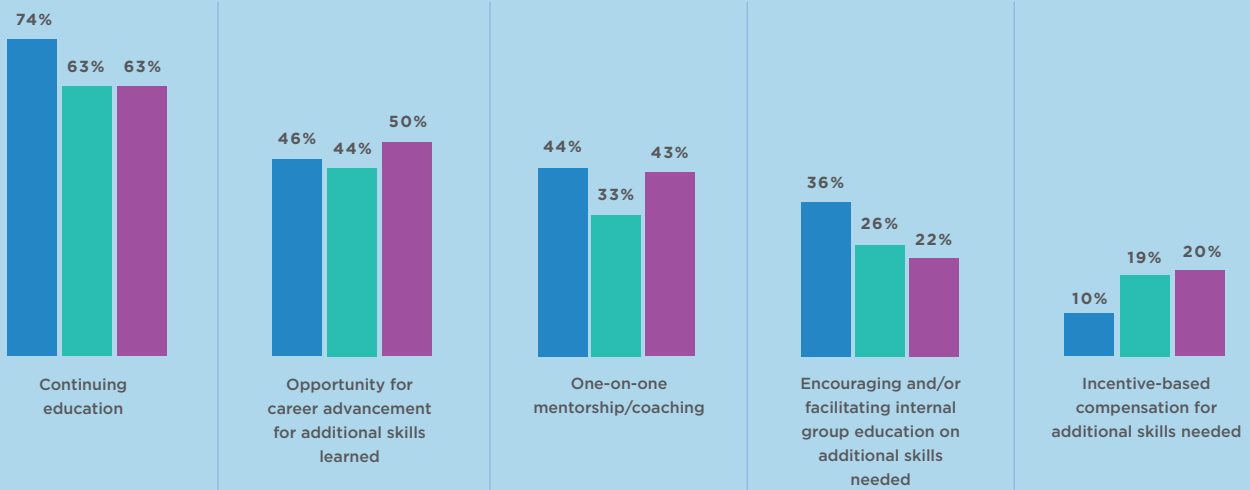
PHLEBOTOMISTS

- Very prepared
- Prepared
- Poorly prepared

MEDICAL ASSISTANTS (n=42)
 PHARMACY TECHNICIANS (n=28)
 PHLEBOTOMISTS (n=30)

Employers are developing allied health professionals in multiple ways

- Medical Assistants
- Pharmacy Technicians
- Phlebotomists



MEDICAL ASSISTANTS (n=39) PHARMACY TECHNICIANS (n=27) PHLEBOTOMISTS (n=30)

What areas do your allied health professionals need to develop?

MEDICAL ASSISTANTS

- 53%** Current industry knowledge
- 42%** Professionalism & soft skills
- 18%** Safety & compliance
- 2%** Clinical experience
- 2%** Research
- 2%** None - sufficiently trained

n=45

PHARMACY TECHNICIANS

- 57%** Critical thinking
- 46%** Problem solving
- 36%** Medical laws & ethics
- 21%** Time management

n=28

PHLEBOTOMISTS

- 57%** Critical thinking
- 40%** Time management
- 37%** Problem solving
- 23%** Medical laws & ethics
- 13%** None - sufficiently trained
- 3%** Patient communication

n=30

MEDICAL ASSISTANTS

Top five most sought-after skills for medical assistants

1 LOW — 5 HIGH

#1

Clinical/
technical skills

ranked 2.98/5

- 2 Teamwork/collaboration 1.75
- 3 Enhanced technology skills 1.70
- 4 Patient communication 1.43
- 5 Problem solving 1.30

n=40

PHARMACY TECHNICIANS

Top five most sought-after skills for pharmacy technicians

1 LOW — 5 HIGH



Clinical/
technical skills
ranked 2.04/5

- 2 Medication therapy management 1.89
- 3 Customer service skills 1.46
- 4 Problem solving 1.43
- 5 Enhanced technology skills 1.39

n=28

PHLEBOTOMISTS

Top five most-sought after skills for phlebotomists

1 LOW — 5 HIGH



Clinical/
technical skills
ranked 2.61/5

- 2 Customer service skills 1.90
- 3 Patient communication 1.65
- 4 Teamwork/collaboration 1.48
- 5 Time management 1.42

n=31

Which of the following soft skills, if any, are new certificate holders lacking?

- Medical Assistants
- Pharmacy Technicians
- Phlebotomists



MEDICAL ASSISTANTS (n=40)

PHARMACY TECHNICIANS (n=28)

PHLEBOTOMISTS (n=30)



Pharmacy Technicians: Taking an Active Role in Medication Therapy Management

By: Melissa Ernzen, Pharm.D. CDE

Did you know that, according to the CDC, **82 percent** of American adults take at least one medication and **29 percent** take five or more medications?

An estimated 700,000 emergency department visits and 120,000 hospitalizations are due to adverse drug events annually, resulting in an annual cost of \$3.5 billion dollars. Additionally, a projected 40 percent of costs of ambulatory adverse drug events is estimated to be preventable.²

All of these factors have led to an increased demand for participation in medication therapy management (MTM).

MTM describes a broad range of healthcare services provided by a pharmacist as part of the larger healthcare team, with the goals of optimizing drug therapy and improving outcomes for patients, with the optimal outcome being the absence of a drug-related problem.¹ As part of the care team, pharmacy technicians can play a vital role in MTM.

An estimated

700,000

emergency department visits

AND

120,000

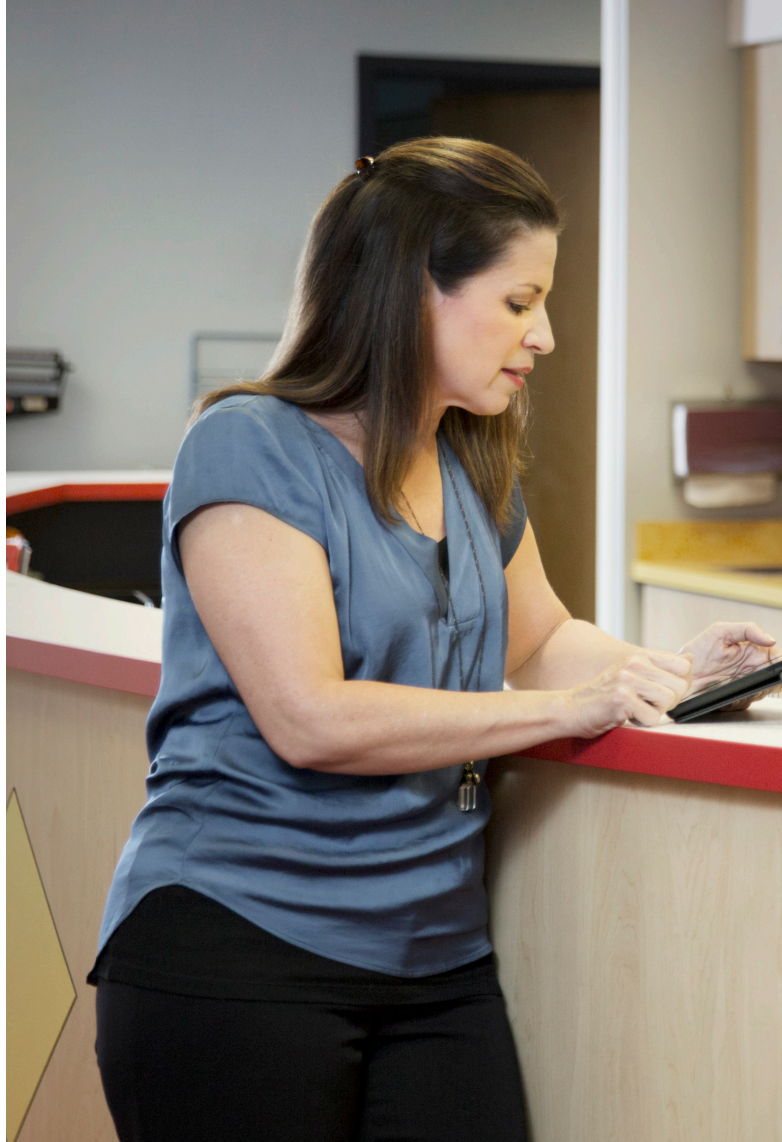
hospitalizations are due to adverse drug events annually

Although a pharmacist must perform some of the vital steps in MTM systems, pharmacy technician involvement is imperative.

The technician can be incredibly useful in identifying patients with MTM opportunities.

In the majority of pharmacy's MTM programs, technicians are used to monitor third-party MTM databases. Technicians also monitor a patient's adherence to their medication regimen, and alert the pharmacist if the patient is late on getting their medication refilled. These patients are flagged in the computer system so the technicians and pharmacists working in the pharmacy can easily identify the patient when they visit the pharmacy. Since face-to-face interaction is preferred, this is the easiest way to access patients. If a more involved interaction is required, the technician will contact the patient to set up an appointment at a convenient time when a pharmacist is available to provide MTM. In order to increase patient participation in the MTM program, the technician will send a reminder to the patient about the appointment and place a reminder call the day before the appointment if necessary.

The next area the technician can play a role is in creating the patient chart.



The technician would update the patient's medication list by discontinuing any medications that have been finished, such as antibiotics. They would then print an updated medication list and any forms that are required for completion by the third-party MTM program. This chart is then available to the pharmacist prior to the patient's appointment so it can be reviewed.

After the pharmacist provides MTM to the patient, documenting the care delivered and communicating information to the patient's other primary care providers is essential. This is where the technician can also be useful.

Many third-party MTM programs allow technicians to input the information the pharmacist provides from the interaction with the patient.



“Pharmacist care team members may especially contribute to the care of chronic illness by optimizing drug regimens to reduce adverse effects and increase efficacy.”³

A communication form may also need to be sent to the patient’s prescriber if a medication change is recommended. The technician can be responsible for sending this information to the prescriber and documenting any response.

The last area the technician can play a role in is patient billing. Some third-party payers have online billing procedures and others require paper billing. An example of such a system is Mercy Family Pharmacy that utilizes a super bill form that the pharmacist completes and then the technician can use to fill out the appropriate billing for that patient’s payer. The technician can also be responsible for making sure payment is received.

MTM therapy is critical in providing optimal medication outcomes for our patients, especially those with chronic disease. MTM service is also getting increasing support from third-party payers due to their demand for better patient care in order to receive full payment for services and medications. It would not be possible for pharmacists to provide this service efficiently without the participation and help of pharmacy technicians.

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The Importance of Nutrition in Health Promotion

By: Dr. Nancy Munoz, DCN, MHA, RDN, FAND

Health promotion and disease prevention (HPDP) play a vital role in avoiding disease, delaying onset of signs and symptoms of disease, preventing premature death, promoting quality of life and decreasing economic liability on the healthcare system. Promoting a lifestyle that includes healthy eating patterns have been deemed to be cost effective for the prevention of diabetes,¹ cardiovascular disease² and an optimal nutrition status has been shown to be crucial in obesity prevention.^{3,4}

Chronic conditions related to eating patterns

In the past 100 years, the prevalence of essential nutrient deficiencies has decreased considerably due to treatment for most infectious diseases. The average life expectancy for Americans has changed from 54.5 years in 1916 to 78.7 years in 2012.⁵ Sadly, while incidence of communicable diseases has decreased, rates of chronic diet-related disease have increased. Chronic diseases like cardiovascular disease, high blood pressure, type 2 diabetes, some cancers and arthritis are the leading cause of disability and death in the U.S.⁶ Poor eating and decreased physical activity patterns have resulted in substantial health challenges for the population.

Approximately 50 percent of all adults in the U.S. suffer from one or more preventable chronic diseases caused by modifiable risk factors.^{6,7} The table¹ in this section describes the high rates of nutrition and physical activity-related chronic diseases.

86%

of all 2010's healthcare spending was for individuals with one or more chronic medical conditions⁸

Under-nutrition and the associated chronic diseases come at a financial cost. In 2010, 86 percent of all healthcare spending was for individuals with one or more chronic medical conditions.⁸ The total costs of heart disease and stroke in 2010 were estimated to be \$315.4 billion. The total estimated cost of diagnosed diabetes in 2012 was \$245 billion.¹⁰

Interprofessional collaboration

An essential component in enacting quality, results-focused healthcare is the creation of interprofessional teams that may include RDNs, medical assistants, registered nurses, physicians, licensed practical nurses, and pharmacists. A high-functioning team of professionals is needed to coordinate preventive care and education for patients, including promoting and improving health and self-care and ensuring that patients' risk factors for the development of chronic health conditions like high weight and obesity are mitigated and managed. In certain healthcare settings, clinical medical assistants are an important component, especially in the screening process. Clinical medical assistants are helpful in screening patients for weight, obesity and malnutrition and routing patient consults within the team to the RDN.

Facts About Nutrition and Physical Activity-Related Health Conditions in the U.S.

HEALTH CONDITION	FACTS
<p>Obesity</p>	<ul style="list-style-type: none"> • For more than 25 years, more than half of the adult population has been overweight or obese. • Obesity is most prevalent in those ages 40 and older and in African American adults, and is least prevalent in adults with highest incomes. • Since the early 2000s, abdominal obesity^a has been present in about half of U.S. adults of all ages. Prevalence is higher with increasing age and varies by sex and race/ethnicity. • In 2009-2012, 65 percent of adult females and 73 percent of adult males were overweight or obese. • In 2009-2012, nearly one in three youth ages 2 to 19 were overweight or obese.
<p>Cardiovascular Disease (CVD) and Risk Factors</p> <ul style="list-style-type: none"> • Coronary heart disease • Stroke • Hypertension • High total blood cholesterol 	<ul style="list-style-type: none"> • In 2010, CVD affected about 84 million men and women ages 20 and older (35 percent of the population). • In 2007-2010, about 50 percent of adults who were normal weight, and nearly three-fourths of those who were overweight or obese, had at least one cardiometabolic risk factor (i.e., high blood pressure, abnormal blood lipids, smoking, or diabetes). • Rates of hypertension, abnormal blood lipid profiles, and diabetes are higher in adults with abdominal obesity. • In 2009-2012, almost 56 percent of adults ages 18 and older had either prehypertension (27 percent) or hypertension (29 percent).^b • In 2009-2012, rates of hypertension among adults were highest in African Americans (41 percent) and in adults ages 65 and older (69 percent). • In 2009-2012, 10 percent of children ages 8 to 17 had either borderline hypertension (8 percent) or hypertension (2 percent).^c • In 2009-2012, 100 million adults ages 20 or older (53 percent) had total cholesterol levels \geq200 mg/dL; almost 31 million had levels \geq240 mg/dL. • In 2011-2012, eight percent of children ages 8 to 17 had total cholesterol levels \geq200 mg/dL.
<p>Diabetes</p>	<ul style="list-style-type: none"> • In 2012, the prevalence of diabetes (type 1 plus type 2) was 14 percent for men and 11 percent for women ages 20 and older (more than 90 percent of total diabetes in adults is type 2). • Among children with type 2 diabetes, about 80 percent were obese.
<p>Cancer^d</p> <ul style="list-style-type: none"> • Breast cancer • Colorectal cancer 	<ul style="list-style-type: none"> • Breast cancer is the third leading cause of cancer death in the U.S. • In 2012, an estimated 3 million women had a history of breast cancer. • Colorectal cancer is the second leading cause of cancer death in the U.S. • In 2012, an estimated 1.2 million adult men and women had a history of colorectal cancer.
<p>Bone Health</p>	<ul style="list-style-type: none"> • A higher percent of women are affected by osteoporosis (15 percent) and low bone mass (51 percent) than men (about four percent and 35 percent, respectively). • In 2005-2010, approximately 10 million (10 percent) adults ages 50 and older had osteoporosis and 43 million (44 percent) had low bone mass.

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- ^a Abdominal obesity, as measured by waist circumference, is defined as a waist circumference of >102 centimeters in men and >88 centimeters in women.
- ^b For adults, prehypertension was defined as a systolic blood pressure of 120-139 mm mercury (Hg) or diastolic blood pressure of 80-89 mmHg among those who were not currently being treated for hypertension. Hypertension was defined as systolic blood pressure (SBP) >140 mmHg, diastolic blood pressure (DBP) >90 mmHg, or taking antihypertensive medication.
- ^c For children, borderline hypertension was defined as systolic or diastolic blood pressure at the 90th percentile or higher but lower than the 95th percentile or as blood pressure levels of 120/80 mmHg or higher (but less than the 95th percentile). Hypertension was defined as a systolic or diastolic blood pressure at the 95th percentile or higher.
- ^d The types of cancer included here are not a complete list of all diet- and physical activity-related cancers.

Adopted from: U.S. Department of Health and Human Services and U.S. Department of Agriculture. 2015 – 2020 Dietary Guidelines for Americans. 8th Edition. December 2015. Available at <http://health.gov/dietaryguidelines/2015/guidelines/>.

<https://health.gov/dietaryguidelines/2015/guidelines/introduction/nutrition-and-health-are-closely-related/>

Accountable Care Organizations

The creation of Accountable Care Organizations (ACOs) network focused on increasing quality of care and reducing cost by creating a network of physicians, hospitals, ambulatory care organizations, PCMHs (patient-centered medical homes), home health agencies, pharmacies, and other healthcare organizations to partner in delivering services is a growing trend. As of January 2016, there were 838 ACOs in the U.S. This expanding model of care thrives on interprofessional collaboration and development of best practice approach to care delivery.



Case studies

The Rio Grande Valley ACO Health Providers in Texas, established in 2012, has developed a program that focuses on preventing complications for those living with diabetes mellitus. Their program includes a diabetes program in every physician's office. Nutritionist technician, RDN, medical assistants, and care coordinators work to enable providers to adjust patients' medications between office appointments.

The U.S. Department of Veterans Affairs offers Healthy Teaching Kitchens (HTK), which teach veterans and their caretakers healthy cooking skills. Some programs target veterans based on their specific diagnosis. The Providence Health and Services organizations offer food-insecure patients an HTK and Food Pharmacy Program, which follows a comprehensive approach to proper nutrition, regular exercise, stress reduction and rest. In addition to cooking classes and individualized counseling to stimulate lifestyle changes, physicians write prescriptions for food to be redeemed at a physical food pharmacy to support patients' nutrition program. The pharmacy offers access to nutritious produce to supplement patients' diets and address individual medical issues through diet.

Scripps Mercy Hospital and Rady Children's Hospital in San Diego offer "Let's Get Cooking" classes. The classes target the reduction of diabetes, asthma and heart-related conditions, which are disproportionately high in the neighborhoods they serve.

Implications for practice

Complex health issues such as overweight, obesity, malnutrition, and chronic disease require a network of services and multifactorial approach to solutions. Effective chronic disease prevention should occur across an individual's lifespan. Health promotion and disease prevention strategies must be delivered across the continuum of care networks.

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RESEARCH:

The Educator & Employer Relationship

Value and Collaboration



Employers and educators have high expectations for current and future collaboration.

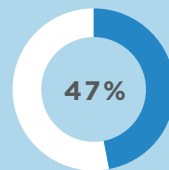
Despite the fact that employers often find their entry-level allied health employees lacking in some skills, the majority of employers and educators continue to place a high value on partnership. NHA's access™ study indicated that employers (67 percent) and educators (80 percent) found their relationships and collaboration to be extremely valuable.

Additionally, 69 percent of employers surveyed and 78 percent of educators surveyed think the relationship between the two groups will become more important over the next three to five years.

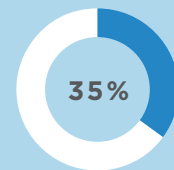
Educators cited the following reasons for the need for ongoing and improved collaboration:

- Faster resolution time
- Employers need to know and understand curriculums
- Need for reliable pipeline of allied health professionals
- Collaboration to create better candidates
- Overall demand for allied health professionals
- Educators commitment to working closer with employers

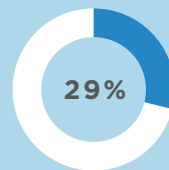
According to employers, greater collaboration and communication are critical to improving the relationship



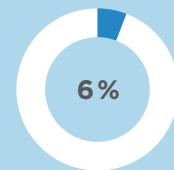
COLLABORATION



COMMUNICATION

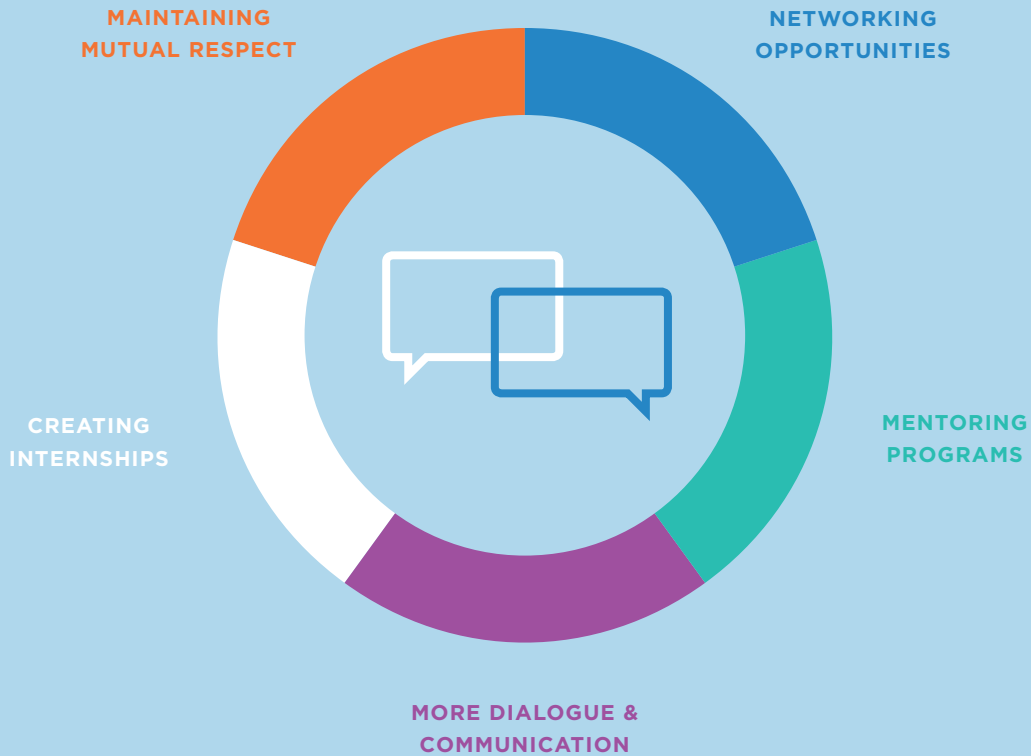


ALLOCATION OF RESOURCES



OTHER

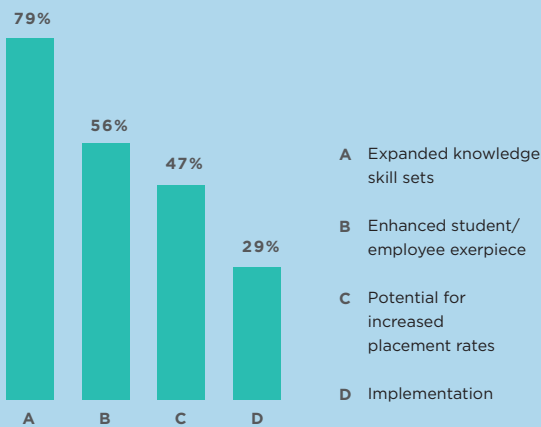
Employers and educators agree that collaboration and communication are the solution to an improved relationship



Understanding the value of relationship

Employers were asked:

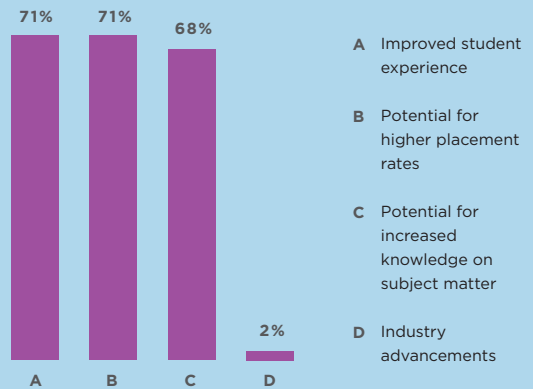
Which of the following is valuable regarding relationships and collaboration with educators?



n=34

Educators were asked:

Which of the following is valuable regarding relationships and collaboration with employers?



n=41

Pharmacy Technicians: The Changing Role in Telepharmacy

By: Roby Miller, Founder, TelePharm

Advancements in technology are constant;
the same is true with pharmacies.

When it comes to what's possible with telepharmacy, we're at the tip of the iceberg. Telepharmacy can be useful in many healthcare organizations, including pharmacies, hospitals, retail medical clinics, long-term care centers, mental health facilities and more. As a result, the role of pharmacy technicians is rapidly evolving, especially in the cases of remote-dispensing sites and retail spaces that improve access to care for thousands of underserved patients across the country.

Many residents, in both urban and rural settings, are living in "pharmacy deserts." Coined by Dr. Dima Qato, assistant professor in the department of pharmacy systems, outcomes, and policy at the University of Illinois at Chicago, an urban pharmacy desert is described as "a low-income community or

neighborhood with no pharmacy within a half-mile for those with limited vehicle access." In this piece, we will discuss how technology and the changing role of the pharmacy technician are working to positively impact these communities and neighborhoods.

**Pharmacy technicians are an essential part
of remote-dispensing sites.**

North Dakota State University pioneered telepharmacy in America as a way to provide healthcare access to patients in rural pharmacy deserts. Conveniently located telepharmacies prevent patients from traveling long distances to acquire

TELEPHARMACY:

The provision of pharmaceutical care to patients at a distance.

THERE ARE FOUR TYPES OF TELEPHARMACY:

1 | **Remote dispensing**
(retail / outpatient / discharge)

2 | **Remote patient counseling**

3 | **Inpatient**
(remote order-entry review)

4 | **IV compounding**

prescription medication. Today, pharmacy owners continue to open licensed brick-and-mortar telepharmacies, staffed by on-site pharmacy technicians, to serve patients in small communities like Zearing, Iowa. Remote-dispensing sites are also providing care to those in urban pharmacy deserts like parts of Chicago, Illinois.

Telepharmacy can help improve patient education and produce better health outcomes, and may even help increase medication adherence rates.

Staffed by one or more certified pharmacy technicians, retail telepharmacies are typically lower-volume stores. Pharmacy technicians physically prepare the prescription for dispensing by sending high-quality images of the prescription, medication label, physical drug and medication bottle to a remote pharmacist for review. If approved, the technician places the filled prescription in will-call pending live-video consultation from the pharmacist. Telepharmacy often, as in this example, requires a higher level of technical knowledge from pharmacy technicians than a traditional pharmacy does.

In rural areas, telepharmacies are becoming “health hubs,” as pharmacists can do so much more than just dispense medication. In addition, telepharmacy technology can be used to help provide 24-hour pharmacist coverage in critical access hospitals (CAHs) across the country. A telepharmacy provides all the care and services of a traditional pharmacy, and can operate in areas where a traditional pharmacy is not feasible.

Telepharmacy can help improve patient education and produce better health outcomes, and may even help increase medication adherence rates. The pharmacist is an invaluable resource on the healthcare team, and telepharmacy is the champion that can help them be more efficient, effective and take better care of their patients. In the future, technicians may be called upon to expand their role, and those who have advanced skills could have more opportunity for a variety of jobs.

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Lean Management in the Ambulatory Practice Setting

By: Lindsay Gainer, RN, MSN

Modern healthcare organizations face great challenges in achieving the “Quadruple Aim” of patient satisfaction: improved outcomes, reduced cost and provider/staff experience.¹

As care shifts to the outpatient setting, practices are improving processes through new initiatives. Process redesign is not simple and needs a strong implementation methodology. Healthcare organizations have employed numerous models, but some of the most impressive results are from those that use a Lean management method.^{2,3}

Lean is derived from the Toyota® manufacturing system which focuses on “the complete elimination of all waste” to create value for the customer and make employees’ jobs easier and safer.⁴ While patient care differs from manufacturing automobiles, Lean concepts are surprisingly relevant in healthcare.

Lean is a comprehensive management approach. Other process improvement methods involve a series of “improvement projects,” with defined beginning and end points, making them difficult to sustain. In contrast, Lean is based on the philosophy of Kaizen, or continuous improvement. Kaizen frames issues with visual tools to stimulate innovation from front-line workers. New ideas then lead to subsequent improvements.

Removing waste — wait times, defects, excessive motion, over-processing — can yield dramatic results. In the outpatient setting, many Lean tools can be leveraged to achieve “quick wins” with providers and staff to earn buy-in. The core concepts outlined here can lead to significant improvements with little to no capital investment.

Whole-team participation

With Lean, managers and supervisors no longer need to solve problems from the top down. Instead, they lead team-based improvement efforts alongside the staff. They coach staff to run multiple Plan-Do-Study-Act (PDSA) cycles to test new ideas. Executive leaders are accessible, and frequently present in the office, listening to ideas and reviewing data and improvements. This engages the workforce, which in turn can improve employee retention and recruitment.

Co-location and continuous flow

Many offices rely on “batching” clinical tasks: seeing patients first and tackling paperwork at the end of the day. Often, providers and staff are located at opposite ends of the office, making communication difficult. Providers often take work home in the evening. There are numerous downsides to batching, including delays in patients request fulfillment, rework and unnecessary handoffs. Low morale often develops as a result. Co-locating — where providers and staff work physically side-by-side to complete tasks — allows for seamless communication and processing. Teams are “in flow” throughout the day. This makes the office more efficient and sustainable, and level-loads the clinical team.

The 5S System

5S is a visual management method to organize the workspace and improve processes. The 5S concepts can be applied to physical space such as exam rooms, the front desk and supply closets, to reducing waste, or clinical processes.

THE FIVE STEPS ARE:

1

Sort.

Sort items as necessary or unnecessary. Remove unnecessary items from the workspace and unnecessary steps from the workflow.

2

Simplify.

The necessary items or steps should be simplified (labeled or color-coded bins are useful to organize supplies).

3

Sweep.

Make it easy to visually sweep the environment and quickly identify an abnormal condition (i.e. supplies that need to be restocked).

4

Standardize.

Be sure to standardize to maintain these steps.

5

Practice self-discipline.

Everyone must maintain self-discipline to keep the new system running smoothly.

With 5S, staff no longer needs to hunt for supplies and defects become obvious so they can be fixed quickly.

Large practice sees success in using Lean

In a large internal medicine practice in Salem, Massachusetts using 5S, each exam room is stocked exactly the same way and visual cues (called kanban cards) are used to signal that an item needs to be restocked. The office now only uses one medical supply closet and par levels are much lower. Ordering is still done weekly, but it takes the lead MA five minutes instead of 2 1/2 hours, freeing up the MA to do more value-added work. Supply costs have gone down dramatically due to not over-ordering and items not expiring. Now, the practice only orders what is needed, when it is needed. Supply costs across the group were reduced by \$150,000 in the first year of 5S efforts and have continued to decrease.

Standard work

Practices have variable workflows, and providers have their own preferences. This is challenging for staff, who strive to do their best work as expectations and needs change. It is also difficult to identify areas for improvement when everyone does things a different way. Standard work allows staff to do tasks the best way, every time. For example, if all medical assistants room patients the same way, the provider knows exactly what to expect when they walk in. Just as important, medical assistants know that they have done their jobs correctly. In keeping with the concept of Kaizen, standard work practices are only standard until further improvements are made based on ideas from staff and providers.

Implementing Lean practices

As with any change, there can be challenges with implementing Lean Management. A successful implementation requires dedicated support from leadership. Executives need to establish the vision, align with the strategic plan and consistently reiterate the “why” to build consensus. Creating a small Kaizen team with resources to devote to training, coaching and data collection is also enormously helpful.

It can be tempting to try to tackle the hardest problems first. However, it often works better to start on small issues with early adopters. This group can serve as champions to spread improvements, build trust in the method, and lead the next wave.

Several pioneering healthcare organizations have demonstrated successes with Lean, and many are beginning their own Lean journeys. All share the same goal of achieving the Quadruple Aim: to pursue better, safer patient care at lower costs, in a satisfying and sustainable work environment for providers and staff. Lean methodology can help organizations of all types meet the challenges of modern healthcare.

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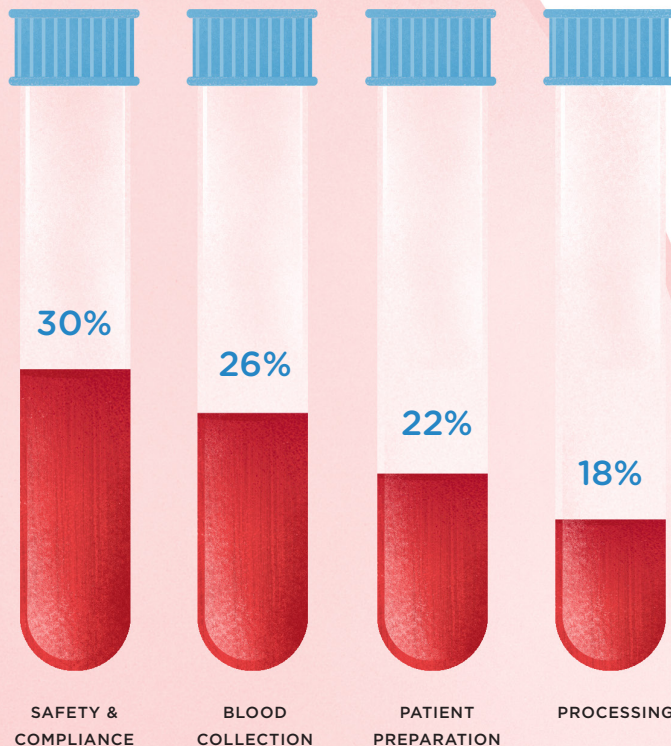
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the evolution of phlebotomy

Phlebotomy is a critical part of our growing healthcare system. U.S. News & World Report estimates there will be a 25 percent growth in phlebotomy jobs by the year 2024.¹

The average day of a phlebotomist involves a mixture of healthcare compliance work and patient interaction. Technology is also an emerging aspect of phlebotomy, with collection and processing procedures that have evolved to improve safety and accuracy.

PHLEBOTOMIST FUNCTIONS



CURRENT TRENDS IN PHLEBOTOMY



New blood collection devices and procedures, like the Veebot, that reduce splatter and needlestick injuries.

Digital bar code labeling is creating faster and more efficient processing of patients and samples.



Single-use tourniquets have been adopted as a best practice.

PHLEBOTOMISTS IN THE WORKPLACE



MEDICAL LABS



DOCTOR'S OFFICES



BLOOD BANKS



RESEARCH FACILITIES

WHAT IS DRIVING THE GROWTH IN PHLEBOTOMY?

- Development of new types of tests
- Steady population growth
- Rise of chronic disease
- More powerful diagnostic tests in the future
- New devices & technology to minimize human error

WHY DO WE NEED MORE CERTIFIED PHLEBOTOMISTS?

More than one billion venipunctures are performed each year, and needlestick injuries cost the U.S. healthcare sector more than \$1 billion a year.



Learn more about phlebotomy certification (CPT) and NHA's certification exams at nhanow.com

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Soft Skills – Inherent or Learned?

By: Jeremy Sasser, BS

Contributing author: Michelle Heller, CMA



Soft skills in healthcare are intangible qualities that can help workers interact with patients and other healthcare providers more effectively. Skills such as thinking critically, effectively communicating, and maintaining confidence can help all allied health workers leverage their expertise and lead to greater productivity. Soft skills are not based on acquired knowledge, employers can help to nurture and develop these skills in their employees in a number of ways, via a broader effort over time through mentorship and real world experience.

Possessing a plethora of soft skills is a valuable trait to employers, especially in healthcare. Many areas of healthcare involve working in fast-paced environments and can, at times, include working under conditions of ambiguity where the patient is nervous, confused or under stress requiring flexibility in the worker's approach based on the situation. The most valuable employees are those that can be given a task with a desired outcome but who do not need to be micromanaged along the way.

The importance of soft skills

Most employers agree that it is the hard skills that will get candidates in the door for an interview; however, it is the soft skills that will help candidates obtain the position, and even more importantly, determine how successful they will be in their career.

So what is the difference between hard and soft skills?

Hard skills are the skills and knowledge that are necessary to perform specific tasks within a profession. These skills are teachable and easy to measure.

Soft skills are more subjective and not as easily defined; but usually include personality traits, personal habits, inherent social cues, and one's ability to communicate with others. Soft skills will either complement an employee's hard skills, or when lacking, diminish them.

In healthcare, soft skills are even more essential because they involve "people skills" or the ability to get along with others. Patients need healthcare workers who will be empathetic of what they are going through. Providers need workers who can process information and respond appropriately. And now that much of healthcare is moving toward team-based care, collaboration among healthcare workers is continuous, making these skills even more important.

Respondents identified critical thinking, attention to detail, communication and dependability as the weakest soft skill areas. Only three to seven percent of respondents feel that allied healthcare professionals receive adequate professionalism training prior to entering the field. On the contrary, 97 to 100 percent of respondents feel that clinical training is adequate for entry level allied health certificate holders. Refer to the data in *access™* Job Readiness research section for full survey results.

A variety of experts would argue that soft skills are inherent and cannot be taught. While soft skills may come easier to some individuals than others, many of these skills can be learned and nurtured over time.

So, how can employers help to foster these skills?

Set clear expectations

Communicate with your employees in a manner you wish them to communicate with others. Be clear, yet concise.

Provide resources

Good leaders work for their people. With a clear vision and goal in mind, employees need to be given the proper resources and tools to flourish and succeed.

Foster collaboration

Create an environment based on trust and openness so that everyone is comfortable asking others for help.

Create a sense of ownership

Employees who feel empowered to develop and own a process will inherently be more impassioned about the outcome.

Lead by example

Over time, employees will approach challenges by asking "What would my mentor do?"

Instill trust

People are hired for a reason; reiterating your trust in their abilities and mentoring them along the way will build loyalty and dependability, and foster independent thinking.

Define standards

Create a standard list of the soft skills that are important in your organization. Include soft skills evaluations in reviews and provide constructive, actionable feedback.

Invest in your people

Send employees through training and programs that help them develop soft skills.

Practice makes improvement

There will never be "perfect" as there is always room for improvement, but putting forth a strong effort to nurture employees' soft skills development will greatly expand their proficiency.

Developing and improving soft skills is an ongoing process, and one that should be a focus, for employers and employees. The more opportunities there are to mentor and develop these skills through every day activities and encounters, the greater the rewards for both. Continually sharpening this skill set will pay great dividends, creating workers that are invaluable assets to the healthcare system, enhancing patient care and safety as well as satisfaction of employers, employees and ultimately bettering the patient experience.

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The Value of External Learning

By: Cristen Cox, BA, CMA, AHI

Working in healthcare, you are more than likely familiar with internships, externships, clinicals or even practicums - the classroom experiences typically required later in certain allied health or nursing programs. Where does external learning (education outside of the typical lecture or lab setting) or service learning (using a skill to give back to the local community) fit in?

Allied health and nursing programs teach a vast number of skills within their programs, and students are set to work with the community upon graduation, which makes external learning prior to graduation such a valuable experience. Often, external learning experiences take place in the early or late portion of a healthcare program, and are sometimes embedded within courses themselves. The students and their communities benefit from these experiences.

External learning opportunities:

Annual Flu Shot Clinics

Overview

Students administer flu shots to medical staff within a local healthcare organization or in public flu shot clinics that are provided to the community.

Benefits

Students have the opportunity to use the skills they have learned in both the classroom and lab on patients other than their lab partner and the healthcare organization benefits by having extra hands during a high-demand immunization time. Students would also have the opportunity to work with and network with medical staff prior to graduation, giving the healthcare organization the opportunity to see and work with potential employee candidates.

Blood Pressure Clinics

Overview

Students provide manual blood pressure checks to assisted living residents at a local facility monthly.

Benefits

Students have the opportunity to work with an older population of patients. Some patients may need monitoring for their blood pressure on a regular basis. With the students returning on a monthly basis, they have the opportunity to build a rapport with their patients and develop important soft skills.

Hearing & Vision Screenings

Overview

Students provide hearing and vision screenings for elementary and high schools within local school districts, like the blood pressure clinics.

Benefits

Students have the opportunity to work with a different population of patients. Both elementary and high schools are able to conduct hearing and vision screenings faster, allowing for less classroom time to be consumed by annual hearing and vision screenings.

Overall, external learning opportunities like the ones described above can create obvious benefits for communities including more access to healthcare support for those organizations that might have a harder time finding it. For students, external learning is an invaluable opportunity to develop not just clinical skills, but the soft skills that they'll need in the workplace. Professionalism, versatility and verbal and written communication skills as well as excellence in customer service are all in high demand from today's employers. Displaying characteristics such as a great attitude, dependability and an impeccable appearance are just as important to develop as a good command of the technical skills. External learning offers students a chance to find the skills that they most need to work on, and hone those skills specifically before

they formally enter the workforce. Ultimately, these hands-on experiences can help prepare the student for a better chance at job placement as they graduate.

While the community gains invaluable positives from more healthcare professionals at its disposal, students have a chance to see what the real world is like. Any opportunity to engage in external learning should be seized by students who are motivated and willing to learn and grow. These experiences develop their technical and soft skills, and ultimately engage students further in the remainder of their healthcare program, so they can graduate with confidence and excitement about their chosen profession.

Powering Programs with Analytics

For a large educational institution with 45 campuses and online allied health programs in 17 states to run seamlessly, data and insights are key.

“Numbers tell a story, and they help in driving where you want to go,” said Sunil Wadhwa, national director at this large institution. With programs incorporating National Healthcareer Association’s (NHA) CCMA, CMAA, CBCS, CPT, CET and ExCPT certification exams, Wadhwa needs to track and understand student success and room for improvement in as much detail as possible to drive improvement areas. Wadhwa taps into NHA’s analytics, Learning Insights, to better understand and strengthen his programs’ performance, analyzing NHA exam participation and pass rates among his campuses, programs and consortiums.

“It’s important to look at where the student is,” said Wadhwa.

“We are data-driven, so we definitely look at many different areas. It becomes very important to see what the data is pointing to, so you can hone in on that and come up with solutions to address their needs.”

Combining NHA analytics with Wadhwa’s internal quarterly graduate data reports, he is able to highlight high-performing campuses and more quickly identify campuses that have room for improvement in certification exam preparation and participation. Wadhwa and the NHA team have developed a true partnership around setting and achieving goals, ultimately improving exam participation rates across campuses and consortiums.

In addition to exam participation, analyzing pass rate metrics uncovered opportunities for exam preparation and study materials to be used as a supplemental resource to the existing program curriculum to advance student success.

“We’ve made a lot of changes,” said Wadhwa. “It’s helped us to look at our curriculum, look at our faculty, and to really measure and see how we can drive results. Analytics helps us look at trends and holes in our curriculum or delivery, so we can focus on where the issue is and find the appropriate solution.”

Ultimately, NHA and Wadhwa have harnessed the power of analytics to drive success within programs and exams and help students prepare for a strong future as the frontline of healthcare delivery.

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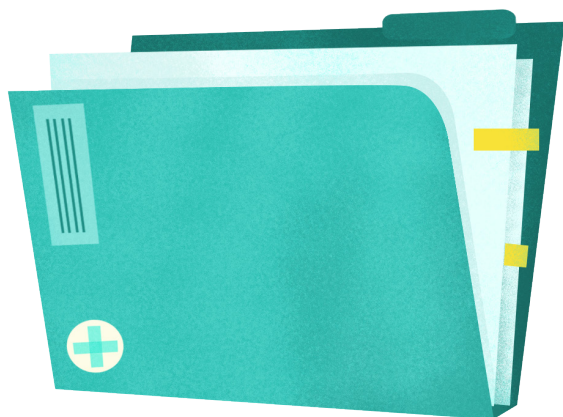
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