

T.E.A.M.-Based Care:

Trust, Educate, Advocate for and Maximize
on the Abilities of Your Medical Assistants

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The Need for Care Coordination

Chronic, costly and complex — these three words dramatically describe the need for coordinated care managed by a complex team of healthcare professionals.

CHRONIC AND COSTLY

Care for chronic diseases accounts for 75% of our nation's healthcare spending, yet only 1% of health dollars are spent on public efforts to improve overall health, according to the National Council on Aging.¹ Nearly half of Americans suffer from chronic conditions, which account for seven out of every 10 deaths in the U.S.², and almost half of the patients fail to receive the appropriate treatment, a result of unintended variation of care³. Therein lies the importance of transforming health care delivery.

COMPLEX

Complexity is ever-present in healthcare. Patients receive care and interact with an overwhelming number of healthcare professionals — physicians, nurses, medical assistants, administrative support staff, etc. Gaps in communication, documentation and treatment are bound to exist. Is the evolution of “care coordination” the answer to lessening that gap?



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What is Care Coordination?

Care coordination, at its core, is just what the name implies: teams of healthcare professionals working together to ensure their patients' health needs are being met and the right care is being delivered in the right place, at the right time, by the right person.

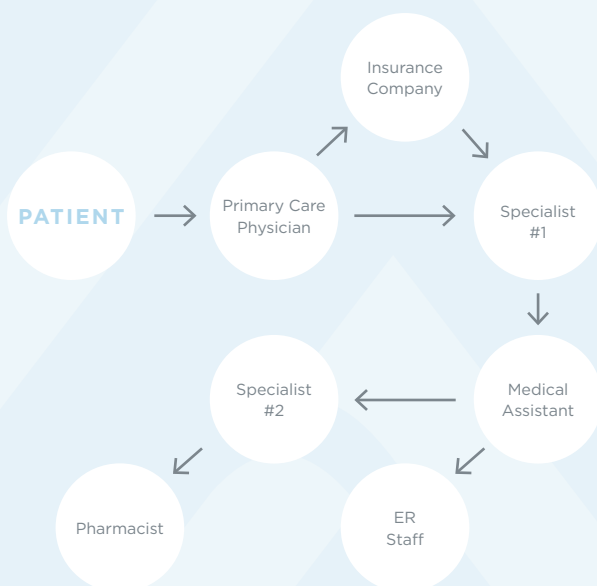
Improving care with a team model requires a fundamental shift in healthcare providers' approach to care delivery. Instead of the primary care physician trying to do everything in a 20-minute appointment, a whole team of healthcare providers is responsible for the patient's care — from nurses and doctors to community health workers, mental health specialists and pharmacists. This team works together to anticipate the patient's needs, communicate their findings with each other and make sure no aspect of the patient's health slips through the cracks.⁴

The individual makeup of a care team differs from practice to practice, but one trend has remained consistent: the integration of the medical assistant (MA) to the team-based care approach. MAs have the opportunity, when trained properly, to perform a wide range of care management duties that extend beyond the roles that they have traditionally performed.

Rethinking Primary Care

Clear communication and effective coordination among health care providers are vital for patient health, but the current primary care structure makes collaboration incredibly difficult. See the difference:

Current Model



Patient-Centered Medical Home Model



Masterson, Kathleen. "A Team-Based Approach to Primary Care." University of California San Francisco, 26 Aug. 2014. <https://www.ucsf.edu/news/2014/08/116856/team-based-approach-primary-care>

Setting Up for Success Using T.E.A.M.-Based Care

In team-based care, the medical assistant can play a vital role and enhance an organization's clinical outcomes and operational efficiency while improving staff, provider and patient satisfaction. This level of success requires what we call T.E.A.M.-based care: **Trust**, **Educate**, **Advocate** for and **Maximizing** on abilities of the medical assistant.

TRUST

Success of the care team starts at the top but also must be driven by frontline employees. Accordingly, trust amongst executives, practitioners and support staff is key. Most important to the T.E.A.M. approach is the close working relationship between the physician and the medical assistant (MA). Both must trust one another and be comfortable with the defined foundational skills and abilities along with workflow expectations and patient interactions. This will, in turn, assist with increasing patient support and trust of the MA.

In most practices that implement a team approach, the ratio of MAs to physicians is 1:1 or 2:1. However, the University of Utah Hospitals and Clinics is making the MA its "centerpiece" of care. In 2005, the organization began a redesign of its primary care sites. Rather than the usual ratio, they implemented a 5:2 MA to physician ratio, with MAs being multi-skilled in front office management, phlebotomy and X-ray procedures. From the time a patient enters the clinic to the time he or she leaves, the MA is with the patient. This successful model fully utilizes the skills of well-trained MAs to enhance the patient experience, is a prime example of how the MA provides major support to the physician and shows how trust between the two drives positive outcomes.⁵

EDUCATE

In the University of Utah Hospitals and Clinics example, and in many other case studies, education is the most important component in establishing Trust and may be the most intensive to implement. With the redesign of care models and the expanding role of the MA, an organization must be willing to invest time and money into creating a standardized set of clinical and administrative competencies that develop foundational expectations. This creates objective standards that allow employers to assess a medical assistant's performance level and identify opportunities for skills improvement and training.

In conjunction with developing an in-house training program and standardized curriculum, certification is becoming a must. More and more healthcare employers require MAs to be credentialed upon hire or shortly after. In fact, 64% of the top 25 largest integrated health systems in the U.S. require or strongly prefer certification for MAs⁶ and in an employer survey of small to mid-sized employers, 88% stated that MAs must be credentialed when hired or shortly after being hired.⁷

"When the whole care team is working to "top of license," MAs are entrusted with greater responsibility and earn greater respect."

Not only has there been a push for professional credentialing from the Centers for Medicare and Medicaid (CMS) electronic health records incentive program (Meaningful Use),⁸ but there has also been a push for medical assisting regulation at the state level. Between 2013 and 2015, eight states have introduced proposed laws or regulations related to medical assistant certification.⁹ Credentialing serves as a quality care assurance indicator. It represents a nationally recognized measure of competency that signifies a practitioner's level of knowledge and expertise. Because there is a lack of standardization — no universal curriculum, education, training requirements or scope of practice — for the medical assistant profession, certification is one of the primary tools for evaluating an individual's base knowledge.

From the employer perspective, a nationally recognized credential provides quality assurance to help mitigate risk, improve patient care and outcomes and increase patient safety and satisfaction overall. There are four notable allied health professional certificate organizations that maintain accreditation from the National Commission for Certifying Agencies (NCCA) — an organization that serves as a third-party evaluation of exam development.

Pennsylvania's PinnacleHealth medical group successfully implemented an education program requiring all medical assistants to receive formal credentialing in order to support its broader medical care team development through a series of efforts designed for success.

An employee Education Assistance Program was launched in September 2011. These funds can be used for a variety of job-related professional development or continuing education activities with a lifetime maximum of \$2500/employee. Employees must commit to two years of employment.

Also in 2011, NSPG began recognizing national certification, accepting the value of certification. To further elevate the

MA profession, they developed a career ladder. To do this, they created a four-tiered approach (outlined below). To qualify for movement within the career ladder, MAs had to provide documentation of an NCCA national certification, compose an essay describing their accomplishments, show dedication to the organization and future goals and provide five letters of recommendation from members of the care team.

PinnacleHealth’s program features:

Internal Training Program

This in-house program not only helped MAs refine clinical skills, but also include new expectations for workflow changes and patient interactions.

Required Certification

MAs were asked to sign an agreement stating they would pass an NCCA-accredited certification examination within one year of completing the training. To support MAs as they pursued certification, PinnacleHealth offered to cover the cost of the certification study and preparation resources along with the certification exam.

Competency Assessment

Training included a competency assessment that evaluated MAs' comprehension of clinical skills, their ability to respond to real-life patient scenarios and their newly acquired customer service skills.

Recognition of Achievement

MAs who were certified received an official “Credentialed MA” name badge to wear as a visual indicator of enhanced leadership skills. Management also recognized the extra work credentialed MAs assumed and approved a compensation increase.

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ADVOCATE

There is no consistent scope of practice within the MA profession. In conjunction with the lack of a clearly defined career path, it is challenging for the MA role to be seen as a key and valued member at the center of the care team. Accordingly, the whole care team must advocate for the elevation of the MA role. The overarching goal is to empower continuous MA development by creating a compelling career ladder. One way to do this is to create standardized tiers and roles in which MAs can progress to advance skill sets, provide enhanced recognition and adjust compensation if necessary.

North Shore Physician Group (NSPG) has taken its advocacy program to a new level and put in place a long-term goal in place of investing in its MAs. In 2010, the organization formed the Medial Assistant Council with an MA representative from each of its sites. The Council meets bi-monthly with a focus on standardizing and improving clinical processes. These MAs also serve as “process advocates” within their site to spread new standards of work.



> Medical Assistant I

- Entry-level position
- Satisfactory job performance

> Medical Assistant I - Certified

- Entry-level position
- Satisfactory job performance
- Maintains national medical assisting certification from one of the following organizations: AAMA, AMT, NHA, NCCT

> Medical Assistant II

- Has worked at NSPG as a medical assistant for at least one year
- Maintains national medical assisting certification from one of the following organizations: AAMA, AMT, NHA, NCC
- Functions as a coach and role model in the practice
- Has received training and demonstrates competency in NSPS/lean improvement methods and flow management
- Participates in practice improvement initiatives
- Serves as a process advocate for the practice by training and implementing new standard work
- Preceptor for training new staff or students
 - Supervising supply ordering
 - One call resolve
 - Coumadin clinic
 - Specialized skills

> Medical Assistant III

Must meet all criteria for medical assistant II in addition to:

- Has worked for NSPG as a medical assistant for at least three years
- Functions as a coach and mentor in the practice and across NSPG
- Facilitates and leads improvement initiatives in the office
- Represents the pratice and NSPG by serving on an NSPG, NSMC or Partners committee
- Provides education to other medical assistants across NSPG (in-services, faculty for Clinical Redesign Training or skills day, etc.)

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MAXIMIZE

The end result is to maximize on the abilities of MAs. When the whole care team is working to “top of license,” MAs are entrusted with greater responsibility and earn greater respect. This in turn encourages MAs to engage in the goals of the whole practice and invest in the development of their role, leading to favorable outcomes such as:

- The creation of standardized competencies
- Trustworthy, credible skills that can be validated
- Empowered MAs who are critical members of the care team
- Improved MA job satisfaction and retention
- MA quality and performance increases
- Improved provider work-life balance and satisfaction
- Increased workflow efficiencies
- Enhanced teamwork and professionalism
- Increased staff involvement with patient care

The U.S healthcare system is often scrutinized for providing inefficient and expensive care. The concept of team-based care and care coordination could be the solution and, when delivered in a patient-centered primary care model, healthcare costs could be decreased by about 60%.⁴

The physician, nurses, medical assistants and others should focus on treating all aspects of a patient’s health and practice to their full capacity. The current infrastructure for primary care in the U.S. is not sufficient to meet the population management needs of primary care patients. In fact, researchers have estimated that it would take 7.4 hours per working day to provide all recommended preventive care to a panel of 2,500 primary care patients plus 10.6 hours to adequately manage this panel’s chronic conditions. If you include the estimate that it takes 4.6 hours per day for acute care, this adds up to 22.6 hours per day. It is also estimated that an average of only 54.9% of adults in the United States receive recommended care in each of those areas.⁵

Big Improvement Requires Big Changes

It is clearly not possible to achieve improved population health without substantial change.¹⁰ Many practices are discovering that by utilizing MAs and elevating the role they play on the care team, they are able to successfully accomplish cost effectiveness, increased efficiency and, most importantly, improved patient outcomes and satisfaction. The quicker these changes are implemented, the sooner healthcare organizations, their employees and their patients will see positive outcomes.

The healthcare industry is undergoing major shifts, and the organizations that rise to the top will be the ones who adapt through new programs and processes that rethink traditional frameworks. Care coordination continues to be seen as part of the solution to some of healthcare’s current dilemmas. By empowering medical assistants through a T.E.A.M.-based approach, all healthcare professionals can shine, using their skills and knowledge and working with other professionals to create efficiencies for organizations and, most importantly, to provide the best care possible to each patient.

“Care coordination continues to be seen as part of the solution to some of healthcare’s current dilemmas.”



RESOURCES

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