

Medical Assistant Professionalism Program Brings Education, Training, Community and Career Satisfaction to An Indispensable Workforce in Primary Care

Rachel Haft MD, Karen Victor MD, Meredith Hobson LICSW, Beth Lown MD, Andrew Curran, John d'Angelo, Diane Shapiro, and Valerie Stone MD, MPH, Mount Auburn Hospital, Harvard Medical School, Cambridge MA

Abstract: The Medical Assistant (MA) profession has entered an era of expanding competencies and expectations. In their best iteration, MAs optimize the outpatient primary care experience through masterful clinic workflows, EMR expertise, population health management, engagement in quality initiatives, and patient education and satisfaction, all components of a high-performance system and of indisputable benefit to patients and providers. Yet undergraduate MA education and training are not customized to the needs and expectations of primary care practice, and there are no standards for postgraduate programming in primary care. Furthermore, healthcare systems that deliver primary care are challenged to provide staffing recruitment strategies, employment incentives, and onboarding and ongoing education and training for MAs. An organization that invests in its MAs through group programming can unify these efforts while improving MA satisfaction and retention through the dignity of educational investment and community-building among this workforce. We set out to create an effective program for our primary care MAs.

Methods and Results: The 11 primary care clinics of Mount Auburn Professional Services (MAPS), the employment subsidiary of Mount Auburn Hospital, employ approximately 40 MAs. We convened focus groups to ascertain what motivated these professionals in their work, tally their self-identified strengths and ideas for practice improvement, and formulate a curriculum of value to them. These sessions were moderated by members of the Social Work and Medical Education Departments of the hospital without supervisors or employment staff present, to promote frank discussion. We then divided our workforce into three cohorts to stagger clinic staffing. Each cohort attended four 1.5 hour classes, delivered at 3-month intervals. Curricula included advanced blood pressure measurement, cancer screenings, EMR workflows, nuances of glucose testing, and a Service Excellence component to address patient experience. All MAs designed and implemented PlanDoStudyAct exercises in their clinics and reported back to their respective cohorts; as examples, projects effected 20% improvement in fecal immunochemical test completion at one practice and reconfigured demographic data collection into a more patient-centric process that raised participation to 100%, at another site. Participants were surveyed at the end of each session. MAs felt the programming was designed specifically with them in mind (89.5%); they felt topics were clinically relevant to their work (94.4%) and would change how they care for patients (82.8%). They positively rated the quality of presentations on Service Excellence (94.5%) and all other topics (96.6%). A second year of programming is underway.

Conclusion: A Medical Assistant Professionalism Program offers a venue for primary care MAs to continue their medical education and build community, to a high level of satisfaction for this workforce and with significant potential benefits for the field of primary care clinical practice. Furthermore, we believe that this program will contribute to improved MA retention; data analysis is underway.