

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



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Statement of the Problem

- Medical Assistant (MA) profession has entered an era of expanding competencies and expectations. MAs optimize primary care practice through enhanced workflows, EMR expertise, population health management, quality initiatives and patient education, all components of a high-performance system and all of indisputable benefit to patients and providers.
- Undergraduate MA education and training are not customized to the needs and expectations of primary care practice, and there are no standards for postgraduate continuing education in this field.
- Healthcare systems delivering primary care must provide staffing recruitment strategies, employment incentives, as well as onboarding and ongoing education and training for MAs.
- An organization can unify these efforts through group programming while improving MA satisfaction and retention through the dignity of educational investment and community-building among this workforce.

Objective of Innovation

We set out to create a Medical Assistant Professionalism Program (MMAPP) for our primary care MAs, to improve their career development, increase career satisfaction, and improve retention.

Description of Innovation

- Mount Auburn Professional Services (MAPS), the employment subsidiary of Mount Auburn Hospital, oversees 11 primary care practices employing approximately 40 MAs.
- We convened focus groups to ascertain what motivated these MAs in their work, tally their self-identified strengths and ideas for practice improvement, and formulate a curriculum of value to them.
- Focus groups were moderated by facilitators from the hospital's Social Work and Medical Education Departments without supervisors or employment staff present, to promote open and honest discussion.

Program Design

- We divided our MA workforce into three cohorts to stagger clinic staffing and assemble participants from different clinics (Figures 1, 3).
- 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, substance use disorders, and a Service Excellence component to address patient experience, all delivered as interactive presentations by physicians, nurse specialists, and health care administrators (Figure 2).
- Each MA received a three-ringed binder into which printed slides and accompanying materials were added over time.
- By program's end, each participant had a complete syllabus for future reference.



• Fig. 1 Cohort 2

Low Blood Pressure, High Blood Pressure, and the Diagnosis of Hypertension
Health Maintenance
Office Huddling
Why Quality?
Colon Cancer Screening – A Story
The Diabetic Foot
Blood Glucose Monitoring
Ordering Glucometer Supplies
Substance Use Disorder
Service Excellence – Patient Experience
Service Excellence – Navigating Challenging Interactions
Service Excellence – Working With Your Provider

Fig. 2 2018 Curriculum



Fig. 3 Cohort 3 and Diabetes RN Educator discuss nuances of glucose monitoring

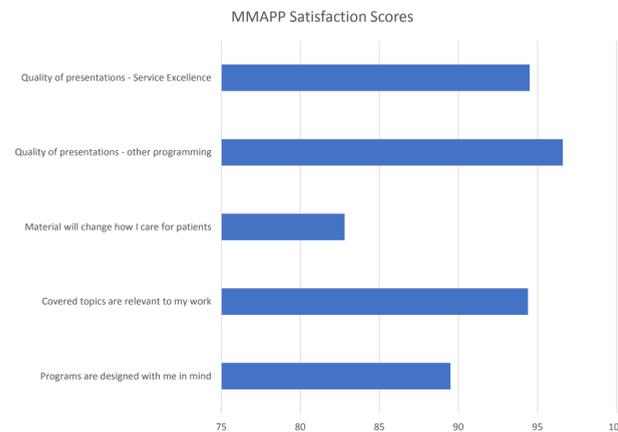


Figure 4. Cumulative survey responses

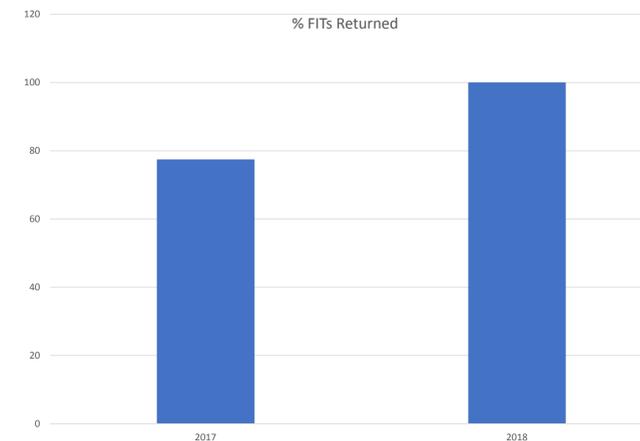


Figure 5. Data from PDSA showing 22.5% improvement in FIT completion

Findings to Date

- Participants were surveyed at the end of each session and results collated. Ratings were consistently very positive (Figure 4).
- All MAs designed and implemented PlanDoStudyAct exercises in their clinics and reported back to their respective cohorts.
- PDSA projects resulted in 20% improvement in fecal immunochemical test (FIT) completion at one practice (Figure 5) and turning demographic data collection into a more patient-centric process which increased participation to 100%, at another site.
- A second year of programming is underway.

Key Lessons Learned

- Our Medical Assistant Professionalism Program offered a venue for primary care MAs to continue their medical education and build community, and was highly rated by participants.
- Design and implementation of a high-value program requires a researched understanding of the MAs' clinical interests and professional goals.
- Through their participation in such a program, MAs can produce successful quality improvement initiatives
- Limitations included variable support for the program at the individual practice level and MA staffing turnover, resulting in a discontinuous experience for some participants.
- Our project could have benefitted from pre/post implementation assessment of professional satisfaction among participants.
- We have not yet ascertained whether this program improved MA retention, which was one of our program's goals.
- In future, we hope to examine whether MA clinical excellence, professional satisfaction and retention are enhanced by this program and whether it can be upscaled for a larger workforce.