



Finding a Way Forward: Retaining & Recruiting MAs and DAs in the Changing Workforce Landscape

Part 1: Medical Assistants

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ASSOCIATION OF CLINICIANS FOR THE UNDERSERVED



GOALS

- Access to Care
- Primary Care Clinician Support



LENS

- Policy
- Practice
- Workforce



TOPICS

- Medical Care
- Behavior Health / Mental Health
- Vision Services
- Oral Health
- HIT
- Pharmacy
- NHSC

- National Cooperative Agreement awarded in 2014
- Funded by the Bureau of Primary Healthcare
- One of 21 National Training and Technical Assistance Partners (NTTAPs)
- Produces **FREE** Resources, Training, and Technical Assistance

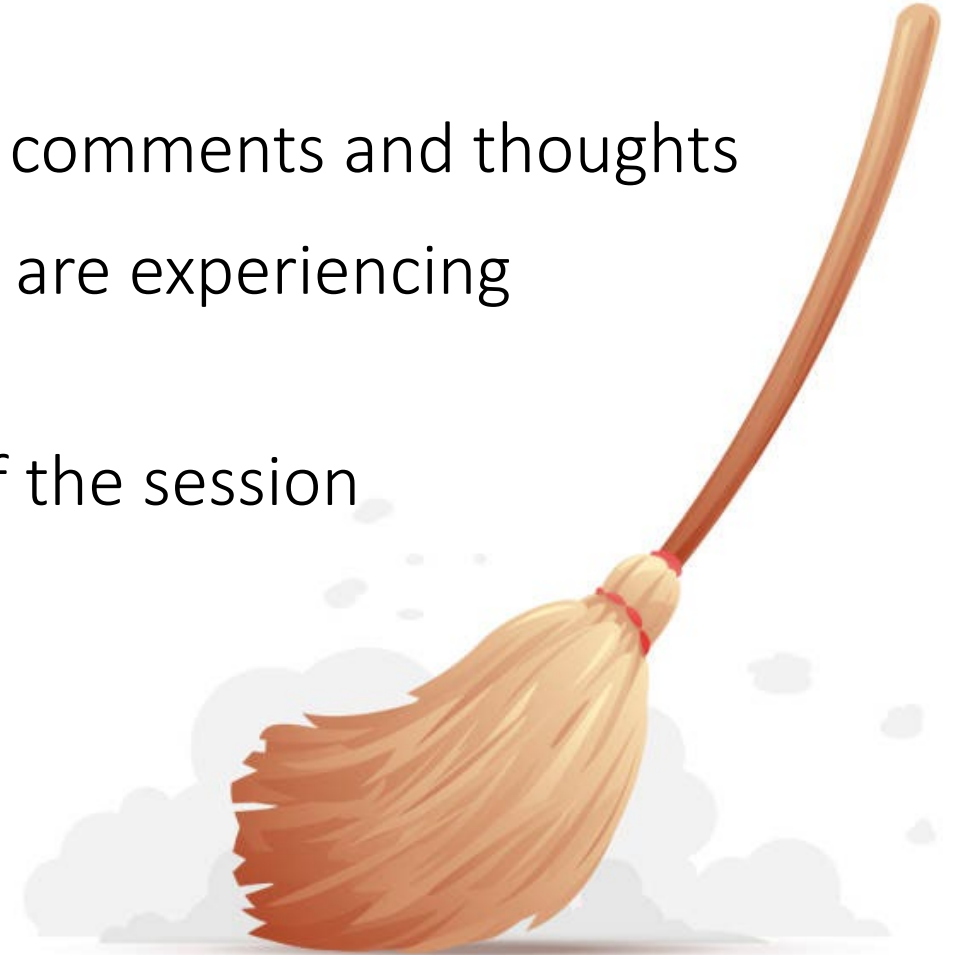
www.chcworkforce.org

Contact us: info@chcworkforce.org

HOUSEKEEPING



- This session is being recorded and the **recording** will be sent via email to everyone who registered
- Use the **Chat** box to ask questions and share comments and thoughts
- Send a message to **Helen Rhea Vernier** if you are experiencing technical difficulties.
- Please complete the **evaluation** at the end of the session



WHAT'S NEW AT THE STAR² CENTER?



- [Definition of a Comprehensive Workforce Plan](#)
- Working with BPHC on the difference between a Comprehensive Workforce Plan and a Strategic Workforce Plan
- New [Self-Care Repository page](#) on our website
- [STAR² Center Talks Workforce Success Podcast](#)
 - Two New Episodes (Season 3) Focused on Employee Wellness
- SO MUCH MORE – stay up to date by signing up for our newsletter!!



TODAY'S PRESENTERS



ELENA C. THOMAS FAULKNER
Chief Executive Director/School Director
*National Institute for Medical Assistant
Advancement (NIMAA)*



DR. MARY BLANKSON, DNP, APRN, FNP-C, FAAN
Chief Nursing Officer
Community Health Center, Inc.



Finding a Way Forward: Retaining & Recruiting Medical Assistants in the Changing Workforce Landscape

Association of Clinicians for the Underserved Webinar
February 1, 2022

Today's Objectives

Describe an education-based MA recruitment strategy

Identify characteristic of MA training that support team-based primary care & MA retention

Discuss how to build a career ladder for MAs in our practice



Medical Assistant Employment Overview

Projected 18% growth from 2020-2030

104,400 openings annually, net growth of 132,600 jobs over 10 years

Median Pay: \$35,850 per year, \$17.23/hour

Bureau of Labor Statistics Occupational Outlook
<https://www.bls.gov/ooh/healthcare/medical-assistants.htm>

What Does the Clinical Medical Assistant Workforce Look Like?

83.8% Female

Average age 36

21.5% Latino 10.6% Black/African American, 8.1% Asian

Most receive training from for-profit schools, many left with substantial debt

<https://www.zippia.com/clinical-medical-assistant-jobs/demographics/>

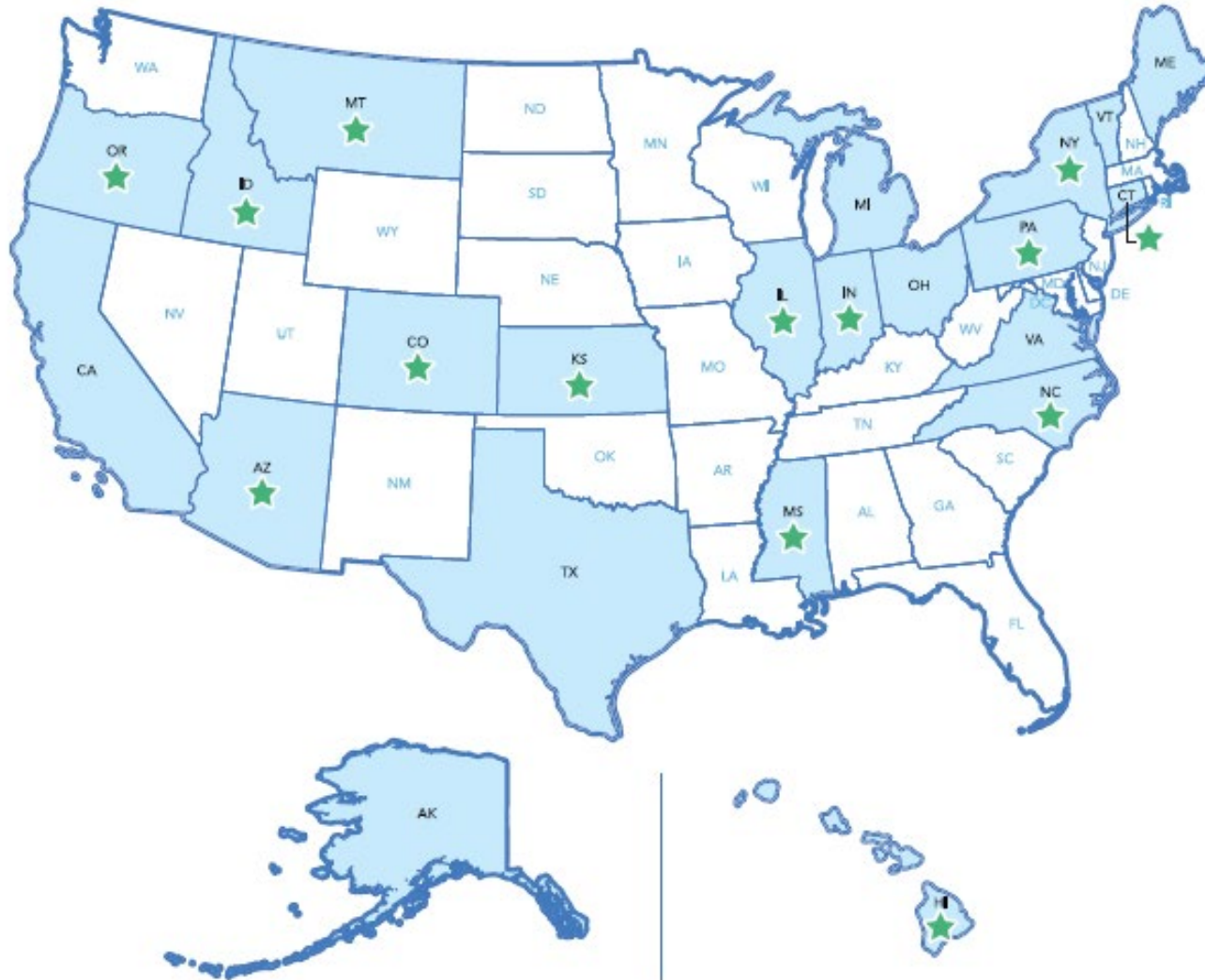
National Institute for Medical Assistant Advancement

NIMAA's Unique Model:

- Created by two leading FQHCs
- Focus on team-based care
- Online and in-clinic experience
- Develop MAs to meet primary care practice needs
- Affordable & Accessible



Current Reach



- ★ States in which NIMAA is enrolling students
- States in which NIMAA is able to operate



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NIMAA's Recruitment Model



NIMAA's Recruitment Model

What inspires me to become an MA and apply to NIMAA is the possibility of being able to give back to my community. Having the knowledge of knowing that programs like this is out there and willing to help those that come from certain communities that aren't giving opportunities like this on a regular basis.

I am a front office assistant and have been with [practice] for 4 in a half years. My goal is to become a MA and hopefully one day a RN.

I have always wanted to be in the medical field. When my mother received the e-mail about registering for this program, I knew it was meant to be.

What inspired me to become in an MA is wanting to do more in my receptionist position at the moment and also wanting to help/ learn from others



Clinical Partner Pipeline Investments

Tuition Support

Demonstrates
commitment to
community members
or staff

Service commitment
encourages retention

Reduced hours and
maintenance of
benefits while in
school

Demonstrates that
staff and staff career
goals are valued

Employees look
within organization
for advancement
opportunities



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Community Health Center, Inc.

Locations and Service Sites in Connecticut

Federally Qualified Health Centers (FQHCs)

- ⊙ Nation's largest safety net setting: 1,352 FQHCs
- ⊙ Located in designated high need communities
- ⊙ Caring for 28 million patients annually
- ⊙ 93% served are below 200% poverty
- ⊙ Public reporting on cost, quality, and utilization

CHC Profile

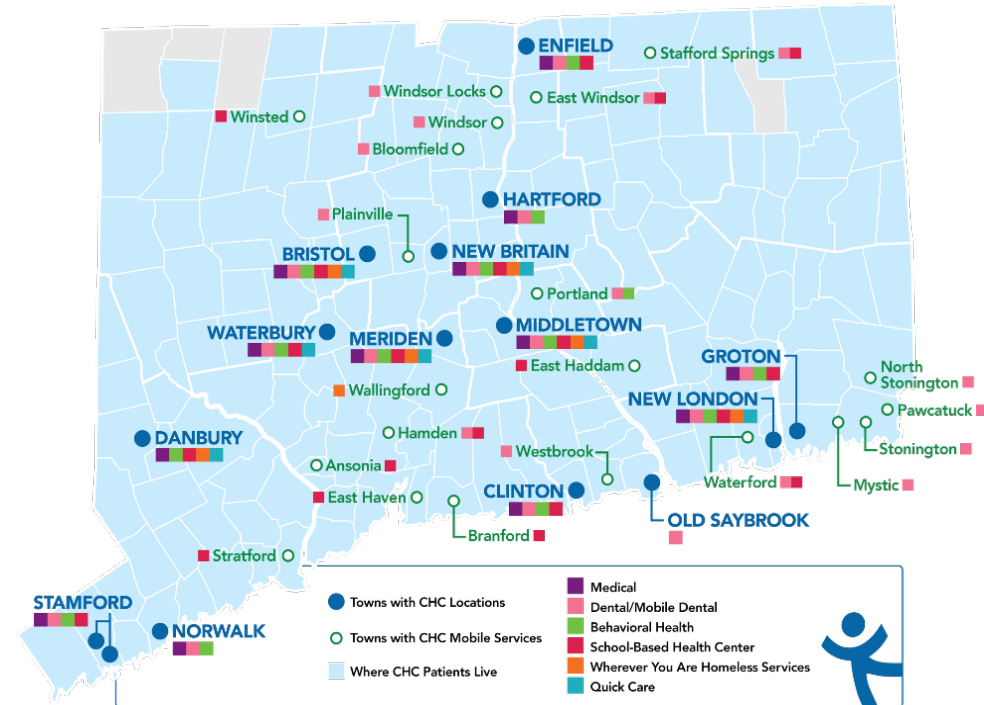
- ⊙ Founding year: 1972
- ⊙ Primary care hubs: 16; 204 sites
- ⊙ Annual budget: \$110m
- ⊙ Staff: 1,300
- ⊙ Patients/year: 105,000; Visits/year: 600,000
- ⊙ Specialties: onsite psychiatry, podiatry, chiropractic
- ⊙ National leaders in quality and innovation

Elements of Model

- ⊙ Fully Integrated teams and data
- ⊙ Integration of key populations into primary care
- ⊙ Data driven performance
- ⊙ "Wherever You Are" approach to special populations

Weitzman Institute

- ⊙ QI experts; national coaches
- ⊙ Project ECHO®— special populations
- ⊙ Formal research and R&D
- ⊙ Clinical workforce development
- ⊙ NNPRFTC / NIMAA / ConferMED



THREE FOUNDATIONAL PILLARS

1
Clinical
Excellence

2
Research
and
Development

3
Training
the Next
Generation

Role of the Medical Assistant in TBC



Planned Care



Delegated Ordering



Panel Management



Scanning/Faxing/handling of incoming faxes



Retinal Camera Operation



QI/Microsystem Participants



Telehealth Support (telephonic/video)



The Business Case for MAs

Valuable *clinical* staff member

Direct link to revenue generation

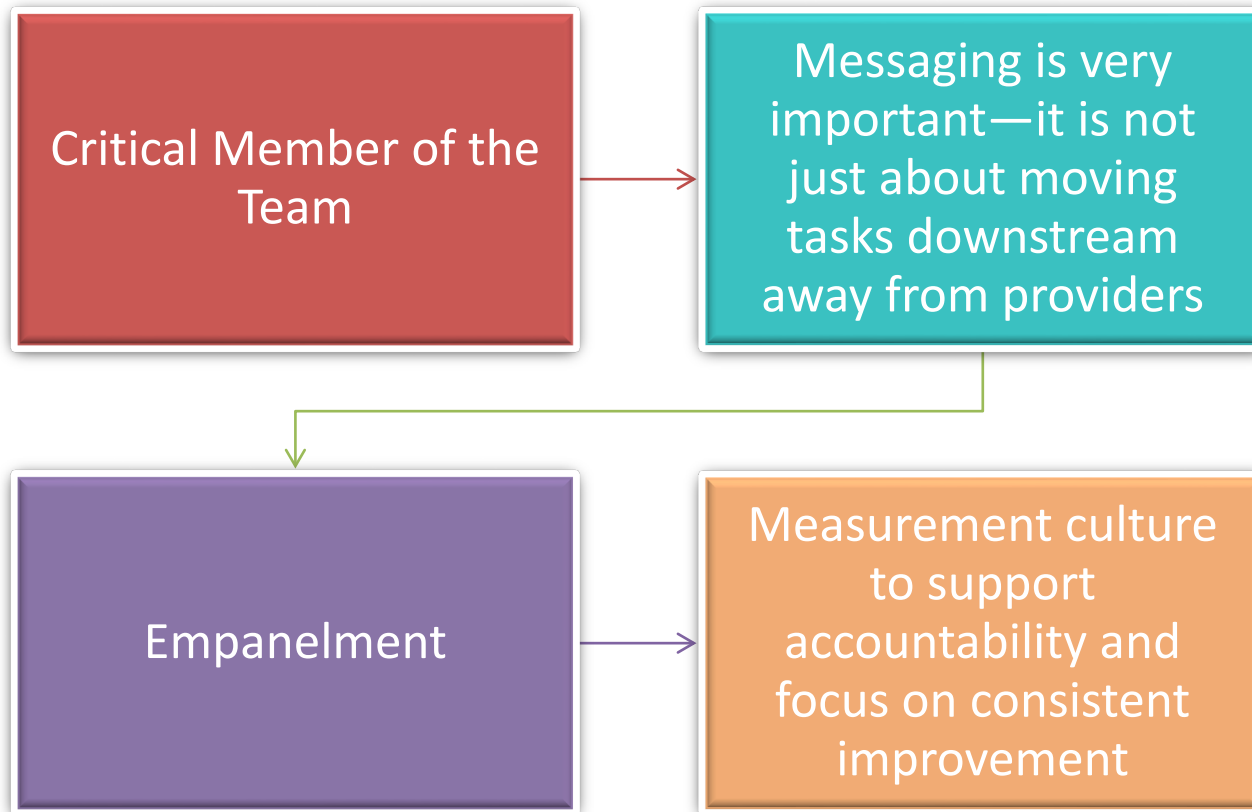
Provider satisfaction and retention

Patient satisfaction with visit flow and efficiency

Direct link to quality measure data capture & outcome

Prevent waste in supplies, workflows, etc.

Strategies on Culture Change



Organizational Requirements of MAs



Broad set of skills,
kept “sharp”



Positivity in the
face of change



Appropriate
problem solving



Flexibility



Critical thinking

MA Staff Needs

Cultural & linguistic concordance with community and mission

Job Satisfaction:

- Meaningful Work (contribution)
- Control/Autonomy

Cohesive set of responsibilities

Maintain and build full MA skill set

- Especially in telehealth context

Opportunities to contribute to team decision making

Contribute to patient experience

Sense of “team”

Team-Based Care Educational Components

Interprofessional Team: Context & Value

General Care Coordination

Focus on Structured Data Contribution

- Accuracy
- Accountability

General Health Coaching

Patient Experience

Critical Thinking/Professionalism

- Clinical
- Operations
- Team Dynamic/Environment

Telehealth (Telephonic & Video)

Others!



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Overview of CHC Experience



Historical Recruitment



New strategies employed for recruitment and retention



Current data



Path forward for ladder program creation



Community
Health Center, Inc.

the national institute for
nimaa
medical assistant advancement

Historical Recruitment Practices

Recruitment:

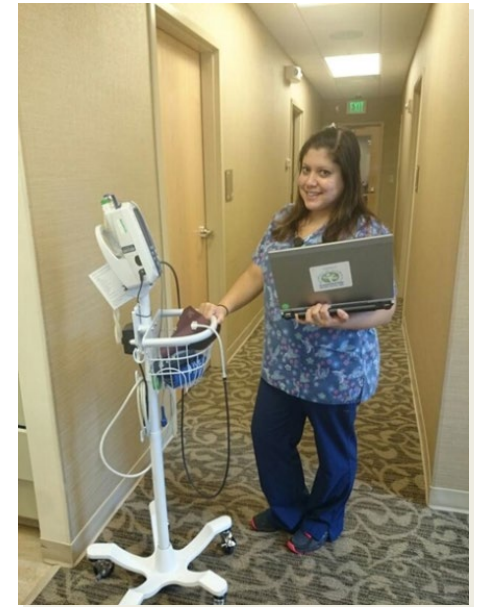
- Traditional externship students
- Recruits who attended traditional programs, but did their externship elsewhere

Onboarding experience

Time to replace (vs. time to recruit)

Link to provider retention

Two-step ladder program



New Strategies

Academic partnerships

- Local programs
- NIMAA

Training vs. onboarding

Time to replace (vs. time to recruit) reduction

Improved data measurement for:

- Retention/Vacancy rates
- PTO/FMLA usage

Staff compensation

Culture change



Compensation

2019 Market Analysis (Example Below is from CT)

- Things to keep in mind
 - ⑩ Market Lag/Market Drivers
 - ⑩ Living Wage

25 th percentile		50 th percentile		75 th percentile	
Base Pay	Total Comp	Base Pay	Total Comp	Base Pay	Total Comp
\$15.00	\$15.41	\$16.62	\$17.01	\$18.45	\$18.79

Compensation (continued)

Staff MA
Range:

\$18.50 to
\$22.69

Sr. MA
Range:

\$19.50 to
\$23.58

Merit

Stipend/bonus
vs. % increase

Compression



2019 CHC MA Data

Total MAs: 101, ended at 106

- Turnover: 7 Involuntary, 6 Voluntary
 - 5.9% turnover if including only voluntary
 - 12.9% if including both

Sr. MA position: 17 total, ended at 20

- Turnover: 1 Involuntary, 0 Voluntary
 - 0.0% turnover if including only voluntary
 - 5.9% if including both

Staff MA position: 84, ended at 86

- Turnover: 6 Involuntary, 6 Voluntary
 - 7.1% turnover if including only voluntary
 - 14.3% turnover if including both

Path Forward

Continue to leverage NIMAA partnership as our primary academic partnership

Participate in two (2) NIMAA cohorts/year to improve pipeline

Continue vocal participation in academic partnerships to ensure organizational needs are shared (Remember, we are a customer, too—not just the student!)

Expand ladder program

Work to understand and leverage state or other training dollars to support programming

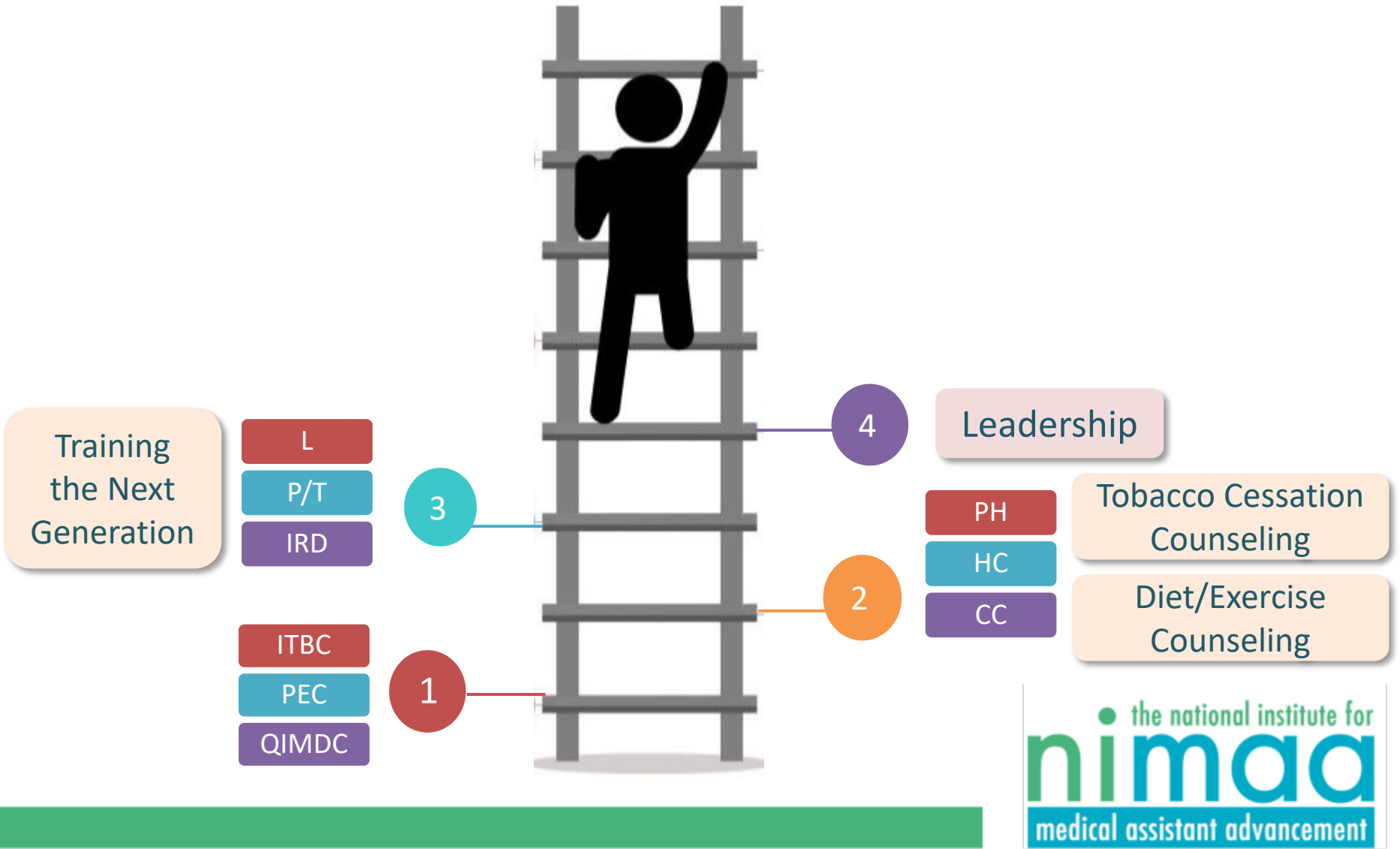
Continue to track MA market to remain competitive

Add additional staff where needs arise

CHCI Current MA Ladder



CHCI MA Ladder to Support TBC



The Value of Continuing Education and Skill-Building for MAs

Benefits to Practicing MAs:



Expand professional scope of work



Become more integrated and integral team members



Become change agents in their health centers



Gain schools for ongoing career development

Benefits to Health Centers:



MAs better prepared for organizational changes & payment reform



Enhance their ability to deliver patient-centered, team-based care in a value-based environment

NIMAA Career Pathway Efforts

UpSkillMA Continuing Education

MA

MA 2 or 3

MA Manager

Articulation to Associate's Degree and Beyond

MA

Associates Medical Assisting

Bachelor of Science

Nursing

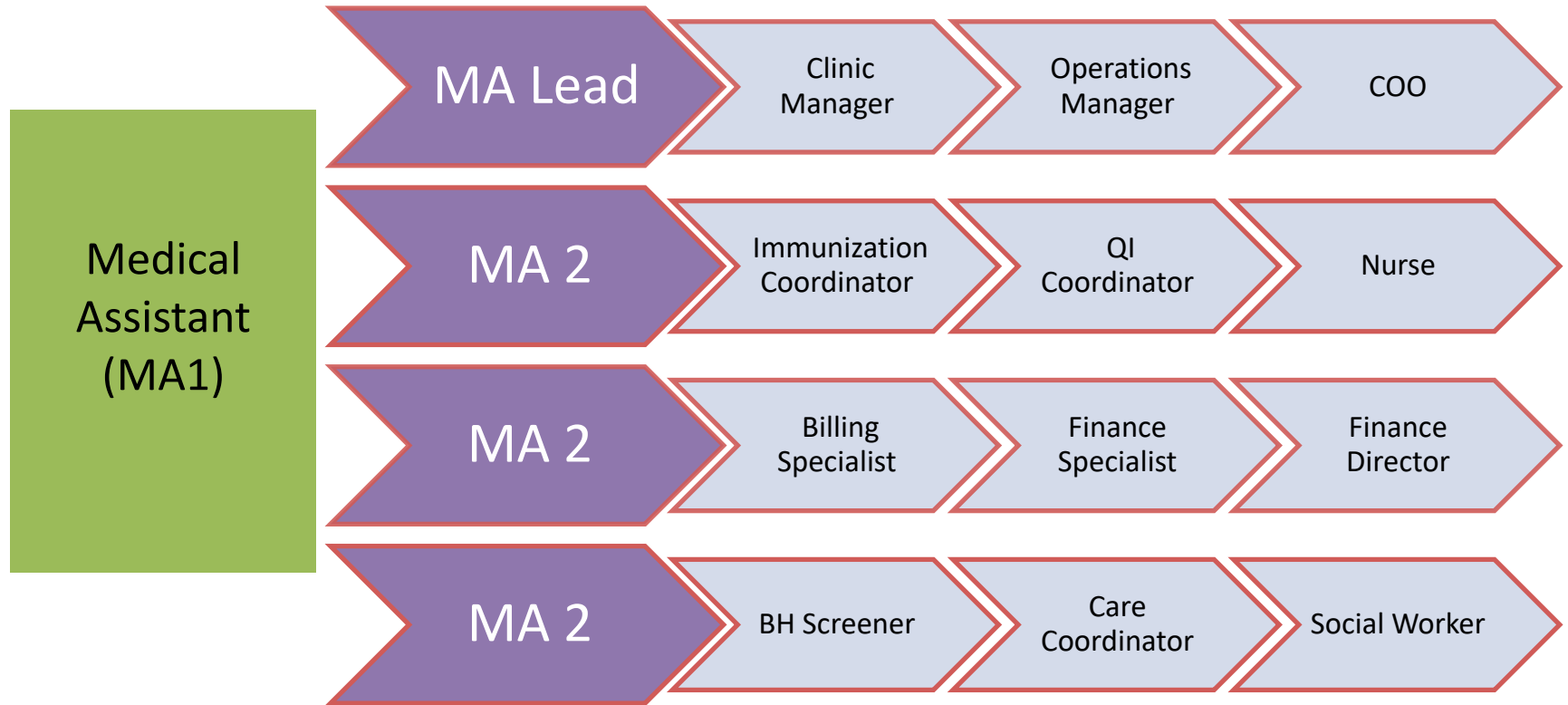
"Grow your own" Clinical Pathways

MA

Nurse

Nurse Practitioner

Medical Assistant Career *Possibilities*



Resources for MA Skill Building

Your own clinical leadership and ladder programs

PCAs: keep an eye on HRSA workforce initiative

Local/State MA Associations

- Conferences
- Training opportunities

Courses offered by MA certifying bodies

Area Health Education Center offerings

UpSkill Courses from NIMAA

UpSkill NIMAA Courses Available

Interprofessional Team-Based Care

- Understand core team-based care concepts
- Gain knowledge, skills & attitudes to excel in an interprofessional team

QI & Making the Data Count

- Gain an understanding of key quality improvement concepts
- Learn how MAs collect and use data to support the delivery of high-quality and value-based care

Immunizations

- Enhance communications with patients on vaccines
- Reinforce skills related to vaccine schedules, proper storage, and effective administration

Professionalism & Effective Communication

- Understand common/ legal ethical issues MAs experience
- Develop effective communication, time management, and teamwork skills

Introduction to Run Charts

- Explore the types of variation as well as information about the anatomy, analysis and interpretation of run charts using data from a primary care setting

<https://www.weitzmaninstitute.org/upskillnimaa>

upskill
nimaa

UpSkill NIMAA

Courses that provide next level training and expertise for medical assistants working in today's high-performing primary care centers.



- Entirely online
- Flexible learning
- \$20/hour of content
- Each course discusses best practices, potential pitfalls, and barriers to working as an MA in primary care related to the course topic
- Can be coupled with facilitated leadership level exploration of the MA role and related structures within the organization

Questions/ Comments



Additional Information

<https://nimaa.edu>



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NIMAA Trains Medical Assistants for Primary Care

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