

The background of the slide is a light gray gradient. It is decorated with numerous realistic water droplets of various sizes. Some droplets are large and prominent, while others are small and subtle. They are scattered across the slide, with a higher concentration in the top-left and bottom-right corners. The droplets have a glossy, reflective surface with highlights and shadows, giving them a three-dimensional appearance.

# SCOPE OF PRACTICE FOR MEDICAL ASSISTANTS

DONNA QUERIM, RN, BS, MS, JD

# DEFINITION OF CERTIFIED MEDICAL ASSISTANT

- An individual who: is a graduate of a post-secondary medical assisting education program accredited by the Committee on Allied Health Education and Accreditation of the American Medical Association, or its successor, the Accrediting Bureau of Health Education Schools, or its successor or such other certificate program as the commissioner of public health shall approve
- Is employed in the medical practice of a licensed primary care provider
- Who performs basic administrative, clerical and clinical duties upon the specific authorization and **under the direct supervision of a licensed primary care provider. ( MGL; Chapter 112 Section 265 Administration of immunization by certifies medical assistant effective November 8,2016)**

# PRIMARY CARE PROVIDER



- A health care professional qualified to provide general medical care for common health problems who
  - Supervises, coordinates, prescribes or otherwise provides or proposes health care services
  - Initiates referrals for specialist care
  - Maintains continuity of care within the health care professional's scope of practice
- **( MGL; Chapter 112 Section 265 Administration of immunization by certifies medical assistant effective November 8,2016)**

# PRIMARY CARE PROVIDER

- A primary care provider (PCP) is a person you may see first for checkups and health problems. PCPs can help manage your overall health. if you have a health care plan, find out what type of practitioner can serve as your PCP.
- The term "generalist" often refers to [medical doctors](#) (MDs) and [doctors of osteopathic medicine](#) (DOs) who specialize in internal medicine, family practice, or pediatrics.
- Obstetrician/gynecologists (OB/GYNs) are doctors who specialize in obstetrics and gynecology, including women's health care, wellness, and prenatal care. MANY WOMEN USE AN OB/GYN AS THEIR PRIMARY CARE PROVIDER.
- [Nurse practitioners](#) (NPs) are nurses with graduate training. they can serve as a primary care provider in family medicine (FNP), pediatrics (PNP), adult care (ANP), or geriatrics (GNP). others are trained to address women's health care (common concerns and routine screenings) and family planning. NPs can prescribe medicines.
- A [physician assistant](#) (PA) can provide a wide range of services in collaboration with a doctor of medicine (MD) or a doctor of osteopathic medicine (DO).



# SCOPE OF PRACTICE

- In some states Medical Assistants have a specifically stated scope of practice (Rhode Island)
- In Massachusetts there is no specific law to address this issue.
- MGL states that the Medical Assistant works under the direct supervision of a licensed primary care provider. (Title XVI Chapter 112 Section 265)



# MEANINGFUL USE

Meaningful use is using certified electronic health record (EHR) technology to:

- Improve quality, safety, efficiency, and reduce health disparities
- Engage patients and family
- Improve care coordination, and population and public health
- Maintain privacy and security of patient health information
- Ultimately, it is hoped that the meaningful use compliance will result in:
  - Better clinical outcomes
  - Improved population health outcomes
  - Increased transparency and efficiency
  - Empowered individuals



# MEANINGFUL USE

- Meaningful use sets specific objectives that eligible professionals and hospitals must achieve to qualify for [Centers for Medicare & Medicaid Services \(CMS\) incentive programs](#).
- Previous rule: Only licensed health care professionals were allowed to enter orders
- August 23, 2012 final rule: **Credentialed** Medical Assistants are also allowed to enter medications, laboratory, and radiology orders for meaningful use.

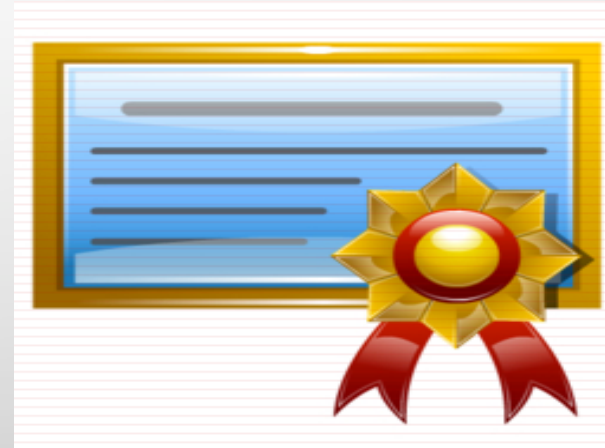
# CMS ORDER ENTRY RULES

- Only “credentialed Medical Assistants” (as well as licensed health care professionals) are permitted to enter medication, laboratory, and radiology orders into the EHR and have such entry count toward meeting the meaningful use requirement on the Medicare and Medicaid EHR incentive programs. (effective January 1, 2013)



# WHO ARE CREDENTIALALED MEDICAL ASSISTANTS?

- Credential must come from an organization other than the organization employing the medical assistants.
- An individual whose CMA (AAMA) is not current cannot use the credential for any purpose and is not credentialed under the CMS rules.



# CONSEQUENCES IF CMS RULES ARE NOT FOLLOWED

- All core objectives of the Medicare and Medicaid EHR incentive programs must be met in order for an eligible professional to receive the incentive payments
- Failure to meet **even one core objective would result in non-receipt (or forfeiture ) of the entire incentive payment**
- Order entry by someone **other than** a credentialed Medical Assistant or a licensed health care professional could result in a loss of 100% of the incentive payment.

# MEDICAL ASSISTANT DUTIES

- Welcome the patient and escort them to the examination room
- Measure and record vital signs
- Record patients demographics and basic information about their past and present complaints
- Medication reconciliation
- Arrange examination room instruments and equipment
- Change simple wound dressings and obtain wound cultures
- Remove sutures and staples from superficial incisions and lacerations





# CONTINUED

- Can administer medications IM, SC, PO, topically
- Immunizations
- They can collect blood specimens via capillary and venipuncture techniques
- Filing and book keeping
- Process insurance claims
- Book appointments
- Call in prescription orders or refills to the pharmacy, **but only as ordered and approved by physician, nurse practitioner or physician assistant; never for narcotics.**



# WHAT MEDICAL ASSISTANTS CANNOT DO

- Cannot independently perform telephone triage since **they cannot legally interpret data or diagnose symptoms they cannot assess!!!!**
- Independently diagnose or treat patients
- Can not give out medication samples
- Give intravenous medications
- Advise patients about their condition or treatment regimen
- Operate laser equipment.



# EDUCATION

Where Medical Assistants are trained:

- Public Community College- Certificate or Associate Degree
- Private proprietary schools; for-profit or non-profit

Considerations:

- Time
- Money
- Need



# CONCLUSION



- Huge asset to any medical practice or health care facility
- Very important that once they become certified they maintain that certification
- Need to support them in maintaining their certifications
- Recognize that they are an important part of the health care team

# REFERENCES

- [HTTP://WWW.MEDSCAPE.COM/VIEWARTICLE/580647\\_2](http://www.medscape.com/viewarticle/580647_2)
- **MGL; Chapter 112 Section 265 Administration of immunization by certifies medical assistant effective November 8,2016)**
- [WWW.AAMA-NTL.ORG](http://www.aama-ntl.org)
- [HTTPS://MEDLINEPLUS.GOV/ENCY/ARTICLE/001933.HTM](https://medlineplus.gov/ency/article/001933.htm)
- [HTTPS://WWW.CMS.GOV/REGULATIONS-AND-GUIDANCE/LEGISLATION/EHRINCENTIVEPROGRAMS/INDEX.HTML?REDIRECT=/EHRINCENTIVEPROGRAMS/01\\_OVERVIEW.ASP](https://www.cms.gov/regulations-and-guidance/legislation/ehrincentiveprograms/index.html?redirect=/ehrincentiveprograms/01_overview.asp)

# The Importance of a Medical Assistant Certification/Credential

**Patricia Barbosa**

Bristol Community College

Project Coordinator and Liaison to Southcoast Health



BRISTOL COMMUNITY COLLEGE  
**WORKFORCE EDUCATION INSTITUTE**

BristolCC.edu / TheCenter

# Discussion Topics

- Brief overview of the Project and SHS Commitment
- Credentialing, Certification and Accreditation
- Benefits from an employer standpoint and individual
- Accredited organizations and CE requirements





# History of Project

- In 2013, Center for Medicaid Services (CMS) ruling requirements became more strict
- Commonwealth Corporation awarded Southcoast Health funds to support training for the frontline staff
- The grant Quality Enhancement through employee Development (QED) was established to support SHS mission with consistency in approach and treatments for all patients through education and certification.



# Southcoast Health Commitment

- Certify 100% of MA staff
- 100% of staff attend a hands on skills day to standardize approach
- Practice managers and clinical coordinators support MA with their renewal of certification through coaching, leadership, and reviews
- Only Nationally Certified/Credentialed MA will be hired to work for SHS



# What is Credentialing?

*Credentialing* is an umbrella term used to refer to concepts such as professional certification, certificate programs, accreditation, licensure, and regulation



# The Institute for Credentialing Excellence (*ICE*)

- ICE is a professional membership association that provides education, networking, and other resources for organizations and individuals who work in and serve the credentialing industry
- ICE is a leading developer of standards for both certification and certificate programs
- National Commission of Certifying Agencies (NCCA)
  - Developed to help ensure the health, welfare and safety of the public
  - When a program is accredited by NCCA it demonstrates a high quality program



# What is Accreditation?

*Accreditation* is the process by which a credentialing or educational program is evaluated against defined standards by a third party.

When in compliance with these standards, it is awarded recognition.



# The Value of Accreditation

- Demonstrates that their program has met the stringent standards set by the credentialing community
- Enhances a program's credibility
- Provides organizations with a way to answer the question “*Who reviewed your certificate/certification program?*“, a question often posed by members of an occupation, employers, and sometimes, the courts.



# What is Certification

A ***Certification*** Program is designed to test the knowledge, skills, and abilities required to perform a particular job, and, upon successfully passing a certification exam, to represent a declaration of a particular individual's professional competence.

In some professions, certification is a requirement for employment or practice.





# Importance of MA Certification

- The National Certification establishes a baseline of knowledge and competency through 3<sup>rd</sup> party testing and requires Continuing Education (CE) current and relevant to healthcare
- National Certification will allow MA to work to their full scope of their profession
- MA will become more marketable internally and externally throughout the industry
- MA will become more knowledgeable and the education will translate into better patient care
- CEs help standardize approach as well as teach MA's to apply health management with disease prevention strategies current to today's changes in healthcare



# Benefits for the Medical Assistant

- Improve earning potential
- Career advancement by achieving short term and long term goals
- More competitive in an aggressive market
- Opens the door to future opportunities
- Establishes a foundation and baseline of knowledge
- Being associated with a certifying organization and using an acronym after your name builds a solid reputation
- Staying current with education by engaging in CEs



# Benefits for Employers

- Increases the competency level by establishing a baseline
- Through education, staff is committed to high standards and quality care
- Continued Education of knowledge and skills
- Minimize errors by having MAs work to their scope of practice
- Helps establish a career path for MAs who demonstrate excellence
- Increase efficiency and reduce cost
- Receive higher incentive if employer is an ACO



# Certifying/Credentialing Organizations

- The top 5 credentialing organizations recognized by ICE and accredited by NCCA are:
  - AAMA
  - NHA
  - AMCA
  - AMT
  - NCCT
- There is no qualitative difference between organizations as the same credentialing process is followed



# Certifying Organizations Chart

Credentiaing Organization	Credentials to be used after MA's name	How often to renew and renewal costs?	Re-certification Requirements	Total Recertification Cost*	Contact Information
American Association of Medical Assistants (AAMA)	(CMA) Certified Medical Assistant	Every 5 years plus the cost of CEU's. Medical Assistants certified can become a member of the AAMA for cheaper CEU rates.	60 total CEU: 10 clinical, 10 administrative, 10 general. 30 of which have to be done with the AAMA and the other 30 with approved programs	Option 1: retake exam after 5 year \$250 Option 2: \$15-\$40 per CEU with the AAMA plus 30 more outside CEU's Option 3: purchase AAMA workbook will give them 60 CEU's	aama-ntl.org or (800) 228-2262
American Medical Certification Association (AMCA)	(CMAC) Clinical Medical Assistant Certification (MAC) Medical Assistant Certified	Every 2 years and once expired \$80 CEU fee for 10 outside CEUs or \$159 if CEU's are done with AMCA	10 CEU's / 1 clock hour= 1CEU	Option 1: 10 CEUs are required to renew there is no renewal fee just \$80 payment for 10 outside CEUs Option 2: \$159 if CEU's are done with AMCA	amcaexams.com or (201) 874-4788
American Medical Technologists (AMT)	(RMA) Registered Medical Assistant	Every 3 years/\$50 annual fee	Full time employees can recertify with a Physician's signoff may change in 2016	\$50/annually no additional CEU cost if they are full time 40 hours	americanmedtech.org or (847) 823-5169
National Healthcare Association (NHA)	(CCMA) Certified Clinical Medical Assistant	Every 2 years/\$159 once expired	Can be done on the job or with NHA	\$159 every 2 years includes 10 online CEUs plus \$40 for 4 more	NHANow.com or (800)499-9092
National Center for Competency testing (NCCT)(NCMA)	(NCMA) National Certified Medical Assistant	\$77 per year includes CEU's done online with NCCT	14 CEU's with NCCT or on the job	avg of \$77/annually includes online CEU cost	NCCTINC.com or (800) 875-4404
* Please check with your credentialing agency for changes and updates on CEU Requirements					



# Contact Information

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# References

- <http://www.credentialingexcellence.org/>
- <http://www.aama-ntl.org/>
- <https://www.amcaexams.com/>
- <https://www.americanmedtech.org>
- <https://www.ncctinc.com/>
- <http://www.nhanow.com/>







# Role of Medical Assistants

**Diane E. Howes RN, MSN, MHA**  
**Director of Clinical Integration and Practice Optimization**

**Changing Role of Medical Assistants**  
**April 28, 2017**



# **Southcoast Health**

## **Southcoast Physicians Group**



### **Mission:**

To promote the optimal health and well-being of individuals in the communities we serve.

### **Vision:**

Southcoast is a vibrant health care system chosen for clinical excellence, recognized for safety and service and renowned for improving the health of our communities in partnership with patients, physicians and employees.





# Geographic and Community Profile



- Clinical Excellence
- Specialties Comparable with Boston
- Exceptional Customer Experience
- Transforming Care as an ACO
- Driven by Quality and Safety
- Adapting to the Changing Healthcare Landscape
- Disciplined Strategic Growth



# Director of Clinical Integration Role

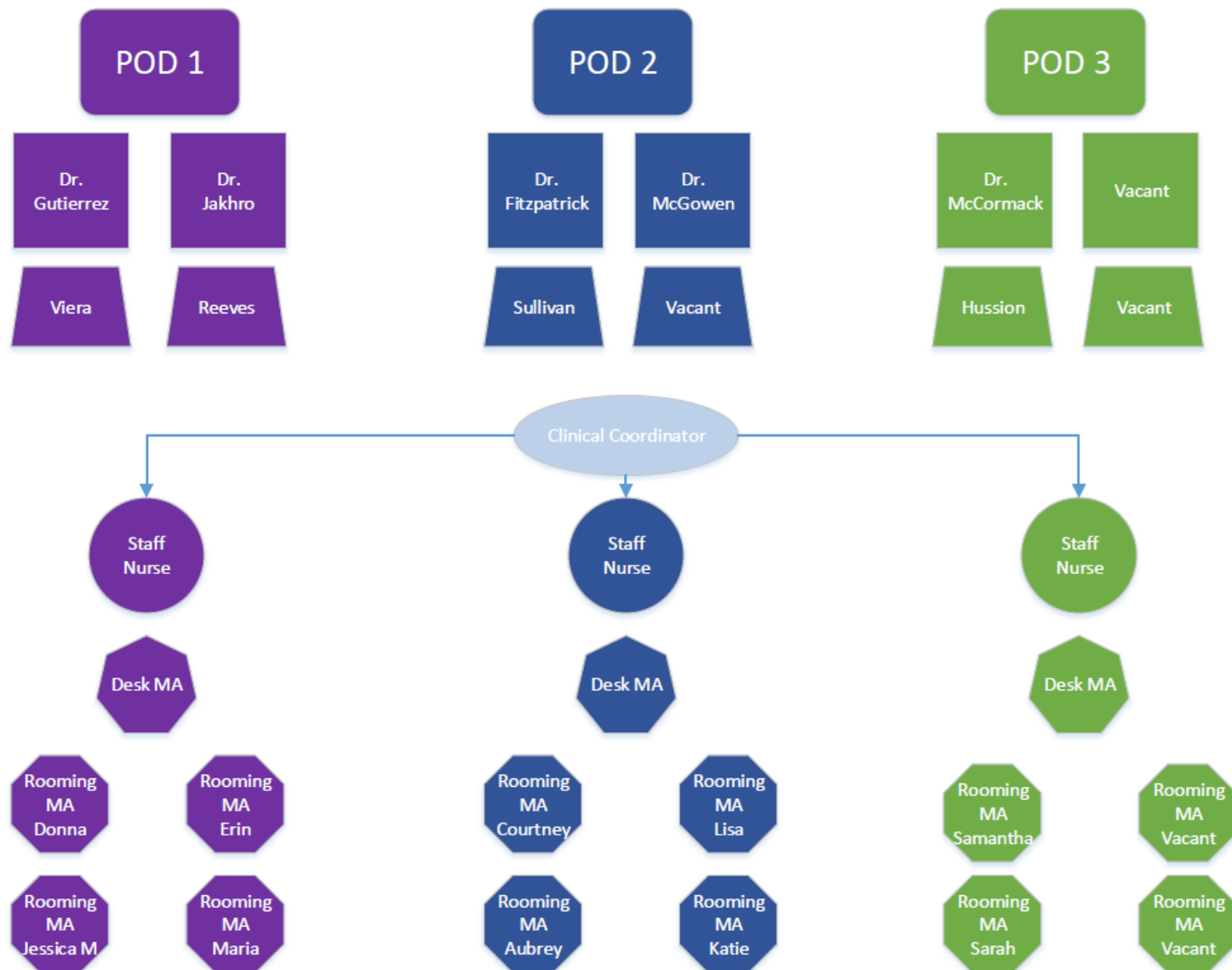
- Oversight of clinical policy and procedure for system and medical group
- Practice operations committee chair for medical group
- Facilitate system and medical group performance improvement projects
- Collaborate with organizational partners to facilitate clinical integration (People, Process and Technology)
- Clinical oversight of RN/LPN and Medical Assistants
  - Onboarding and Training
  - Competency development, implementation and monitoring
  - Refinement of systems and processes that support practice transformation initiatives



# Medical Assistant Role



## Rosebrook Model of Care





# Medical Assistant Responsibilities

## Desk MA

- Forms
- Emails/Messages
- Results
- Monitor provider folders
- Pre-authorizations procedures/medications
- Patient Calls

## Rooming MA

- Pre-visit Planning
- Room Patient for Visit
- Immunization injections as directed
- Stock & Clean Rooms
- EKGs & Phlebotomy\*
- Assist with Approved Procedures\*

\*Additional competency needed





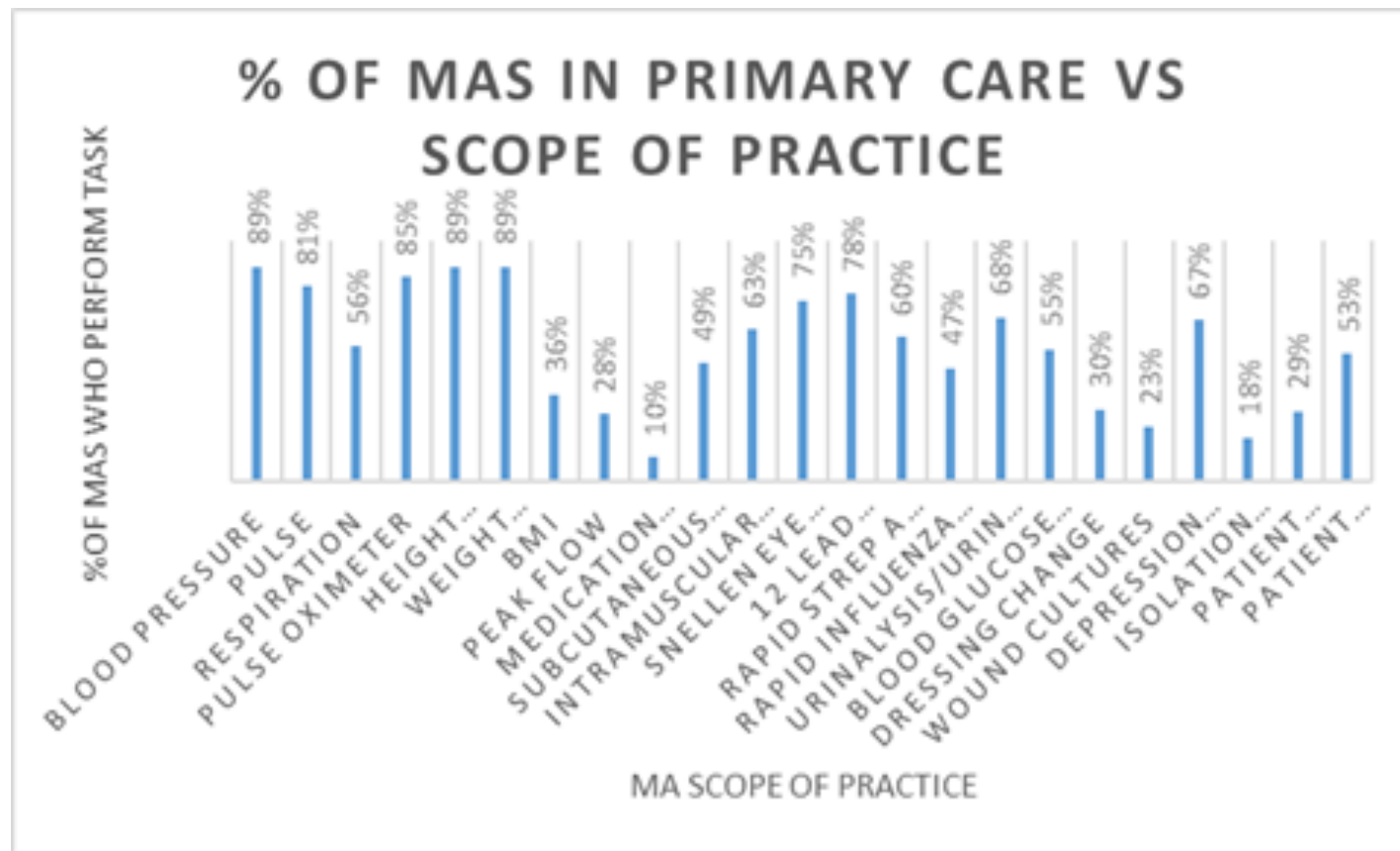
# Background for Training Initiative



- As a certified ACO Southcoast is actively engaged in care transformation activities:
  - Improve the health of the communities we serve
  - To contain healthcare cost
  - Establish patient-centric care teams (PCMH)
- Acquired practices began to unite under Southcoast Health System in 2012
- Enterprise Electronic Healthcare Record (EHR) implementation in 2014



- CMS requires credentials for documentation in EHR
- MAs had different titles, roles & responsibilities depending on the practice and supervisory provider
- Variable competencies and skill sets delivered inconsistent patient experiences and outcomes
- Lack of trust among providers with role of MA
- Not functioning at the top of their skill set
- In other instances outside scope of practice





# Training Eligibility & Review Course Requirements



# Training Eligibility

- Bristol Community College (BCC) & Southcoast Physicians Group (SPG) Agreement
  - Employed by SPG in a MA role
  - If certified, test out and participate in skills only
  - If 30% of tasks fell in MA scope
  - Completed an MA training program or worked 2 years previously in an MA role and not presently in role at SPG



# Southcoast Requirements

- 23 Competencies developed for MA tasks
- Developed detailed step by step competencies
- ELearning/Classroom hybrid approach
- Skills day component (10 clinical stations)
- Written assessment
- National certification exam



# Curriculum





# Hybrid (Online/Classroom) Course

- 47 hour/10 week training
- Syllabus
- Rubrics for discussion board and class participation
- Weekly instructor lesson plan
  - Class handouts
  - Pre/post-test and quizzes, case studies, PowerPoints
- Weekly hands-on competencies
- SPG allowed 2 hours/week of study on job



# Skills Day

- Skills day training included 10 competencies stations
  - Vital signs, height, weight, BMI
  - Spirometry, peak flow
  - Medication/vaccination administration
  - Eye exam
  - EKG
  - CLIA waived testing
  - Dressing change & wound culture
  - Isolation procedures
  - Depression screening
  - Patient positioning & instruction





# Surveys

- Multiple surveys were developed
- Pre and Post instructor and course survey
- Pre and Post personal growth assessment, and a survey on the MA's education path after becoming credentialed
- All these survey tools were used to collect data for grant reporting and to inform refinement of program



# Implementation Barriers



- Change in Leadership
  - Director of Clinical Integration engaged in the project
  - Attended skills day and refined per clinical guidelines
  - Project Manager reassigned roles and responsibilities
- Medical Assistant Engagement
  - 50% did not see the value
  - Defining roles and responsibilities of care team
- Competitive fair market value for MA
  - Advocated for merit increase upon completion of requirements and annual review
  - Across the board market increase for MA



# Sustainability



# Conferences

- 2 Southcoast Health Conferences for MAs
  - Breakout sessions
    - Wellness
    - Infection Prevention
    - Performance Improvement
  - Keynote speaker addressing importance of teamwork and impact of stress in workplace
  - Vendors
  - CEUs awarded for breakout sessions







- Development of HR checklist for employee files that will transition to electronic management in September 2017
  - Documentation of credentials
  - Healthcare BLS
  - Completion annual skills day/mandatories
- Leadership training for Practice Manager and Clinical Coordinators:
  - Coaching/Mentoring
  - Support opportunities for CEU attainment
  - Importance of annual reviews



# Outcomes

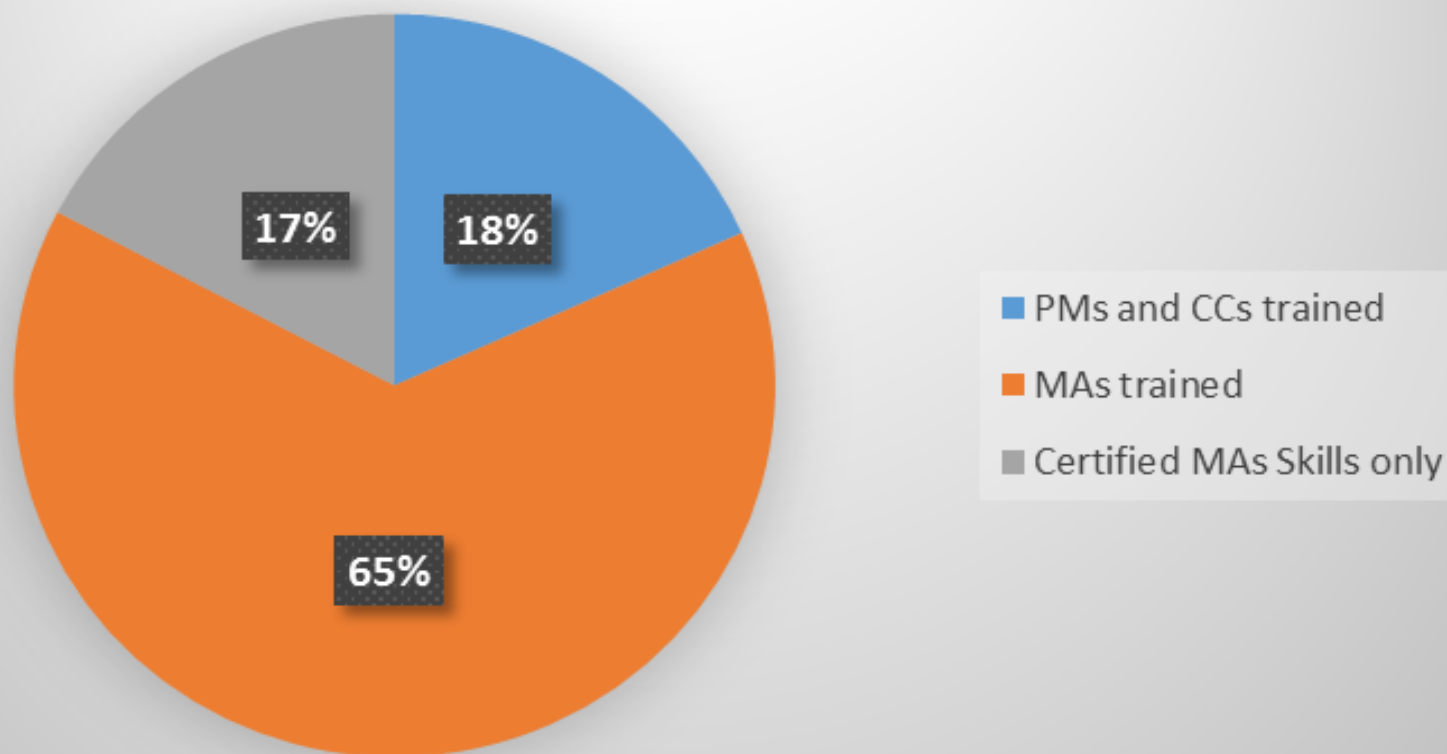


# Southcoast Health Employees

- Overall 301 SPG employees (MAs, Clinical Coordinators and PMs) received training through the BCC grant collaboration
- 98% (191) of Medical Assistants achieved all requirements
- 65 Practice Managers and Clinical Coordinators received leadership training
- 10% of MA are advancing careers through higher education



## Total Trained on QED Grant





# Patient Satisfaction Metrics

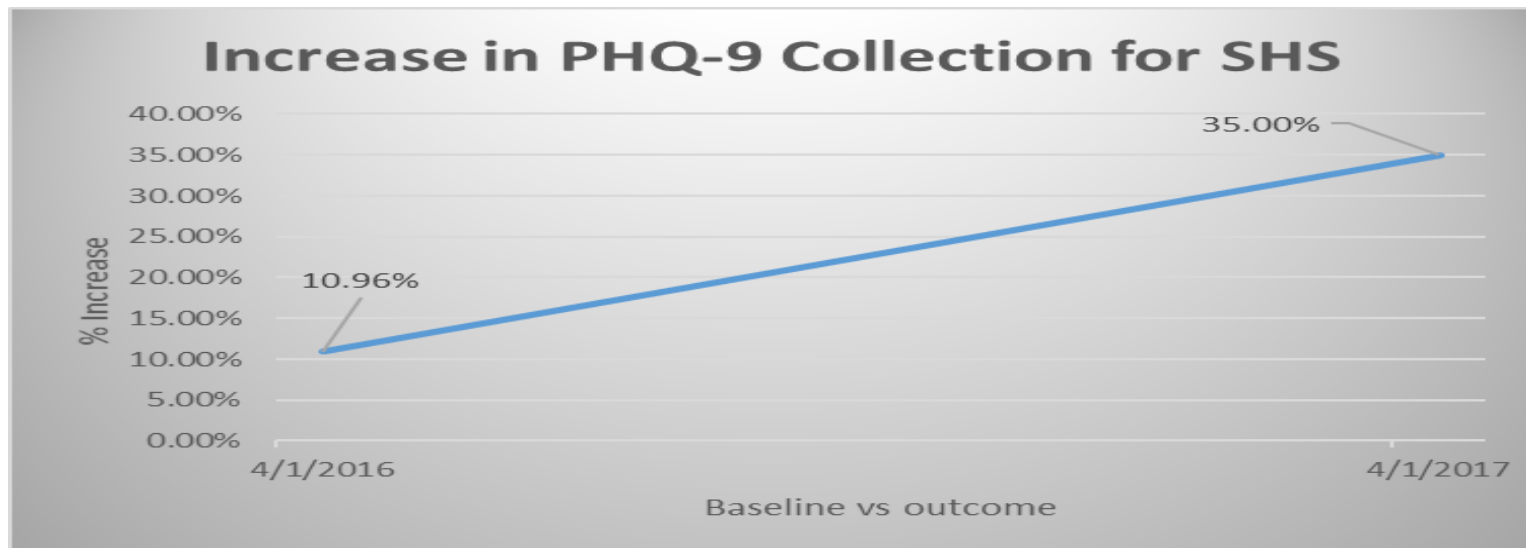
1. Increase friendliness/courtesy of medical assistant staff
2. Improve awareness of the MA sensitivity to the patient's problem

MA metric question	Baseline December 2015 based on AHA region	Baseline April 2016 based on AHA region	Proposed Target	Actual Results April 2017
Question 1	23 <sup>rd</sup> percentile	40 <sup>th</sup> percentile	50 <sup>th</sup> percentile	83 <sup>rd</sup> percentile "above excellence"
Question 2	21 <sup>st</sup> percentile	32 <sup>nd</sup> percentile	50 <sup>th</sup> percentile	57 <sup>th</sup> percentile "at target"



# PHQ9

- Improved completion of the patient self-assessed depression screen PHQ-9.
- The PHQ-9 is a tool designed to assist the provider in capturing patients with depression and promoting early diagnosis and treatment.





# Medical Assistant Turnover

- Improvement of the MA turnover rate with a goal of 12%
- Over the course of the 2 year program SPG had an annualized turnover rate of 18.4%
- Qualitative responses MAs shared after receiving their credential
  - “Since receiving my credential,
  - “I have received a pay increase”
  - “I have been promoted to a new role with more responsibility”
  - “I feel more confident in my role”
  - “I am taking on new tasking in my office”



# Key Takeaways





- MA are key partners of the healthcare team
- Imperative to achieve and maintain competency
- Ongoing professional learning through CEU programs
- Clear roles and responsibilities
- Important infrastructure to drive outcomes in a value-based model of care



# Contact Information

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The background features abstract, overlapping green geometric shapes in various shades of green, creating a modern and dynamic feel. The shapes are primarily located on the left and right sides of the slide, framing the central text.

# Changing the Role of Medical Assistants

By Elisa Rodriguez,  
Associate Site Operations Manager  
Greater Lawrence Family Health Center

# About Greater Lawrence Family Health Center

- ▶ 5 clinical sites
  - ▶ 2 school based sites in the High Schools
  - ▶ 1 site in Lawrence General Hospital
- ▶ Over 100 Medical Assistants
- ▶ We serve about 60,000 patients

# Medical Assistants at GLFHC

- ▶ Medical Assistants
  - ▶ Little experience in the field
- ▶ Senior Medical Assistant
  - ▶ Medical interpreter
  - ▶ Preceptor
- ▶ Team Leader Medical Assistant
  - ▶ Medical Interpreter
  - ▶ Preceptor
  - ▶ In charge of the team of medical assistants
- ▶ What is a team?
  - ▶ 4 Doctors/ Residents
  - ▶ 1 nurse
  - ▶ 4 medical assistants

# Responsibilities of Medical Assistants

- ▶ Perform Vital Signs
- ▶ Run in house tests
  - ▶ Urinalysis, HCG Pregnancy Tests, Blood Sugar Finger Stick, Rapid strep, Rapid Flu, A1C, INR
- ▶ Perform ECG
- ▶ Assist in procedures
- ▶ Schedule follow up appointments

# Advanced MA Curriculum

PCMH Change Concept Step	Module	Session
	<b>Introduction</b>	Introduction to the curriculum
		PCMH Change Concept Overview
<b>1. Laying the Foundation</b>	<b>Engaged Leadership</b>	Leadership at the CHC
		Overview on Mission, Organizational Values, Policies and Procedures
	<b>Quality Improvement Model</b>	Quality Improvement at CHC
		The Model for Improvement and Using PDSA Cycles
<b>2. Building Relationships</b>	<b>Empanelment</b>	Empanelment
	<b>Team Based Care</b>	Continuous & Team-Based Care Team Work, Roles and Responsibilities Part 1
		Continuous & Team-Based Care Part 2
<b>3. Changing Care Delivery</b>	<b>Organized, Evidence Based Care</b>	Introduction to Evidence Based Care
		Population Health Management
		Evidence Based Care - Chronic Disease Management - COPD and Asthma
		Evidence Based Care - Chronic Disease Management - CVD
		Evidence Based Care - Chronic Disease Management - Diabetes

		Evidence Based Care - Chronic Disease Management - Hypertension
		Screening for Depression in Primary Care
		Evidence Based Care - Preventative Care
		Infection Control in the Primary Care Setting
	<b>Patient Centered Interactions</b>	Patient Centered Interactions
		Coaching Patients for Self-Management
		Customer Service
<b>4. Reducing Barriers to Care</b>	<b>Enhanced Access</b>	Enhanced Access
	<b>Care Coordination</b>	Care Coordination

# Role of Medical Assistants and How it is Changing

- ▶ Patient Education
  - ▶ COPD and Asthma
  - ▶ CVD
  - ▶ Diabetes
  - ▶ Hypertension
  - ▶ Depression Screening
  - ▶ Preventative Care



# Advanced Medical Assistant Training

## Asthma

**This course was developed by:**

- ☐ MassAHEC Network
- ☐ Massachusetts League of Community Health Centers
- ☐ Qualis Health & the North Shore Physician
- ☐ The Greater Lawrence Family Health Center



[< PREV](#)


[NEXT >](#)



# **THE CHANGING ROLE OF MEDICAL ASSISTANTS**

Alberon Gundim Jr., RMA

04/28/2017



# The Changing Role of Medical Assistants

- Graduated Lincoln Tech 2010
- RMA 2014
- Currently enrolled in RN at Middlesex Community College

# Training Class

- 8 sessions; 8 hours per session
- Multiple topics: Asthma, COPD, Diabetes, PCMH, Arthritis, Heart Disease, Stroke, Obesity, Hypertension, Depression, Insurance coverage.
- Cohort met at Lahey office space and was made up of staff from multiple practices
- Two instructors



# Training Process

- My experiences as part of the training cohort



# Training Process

- Most worthwhile part of the training for me



# Training Process

- Impact on Patient Care



# Training Process

## **Suggestions for practices thinking about delivering training to M.A.s.**

- Mixed cohorts from different practices; small group sessions
- Full day training sessions
- Integrating hands on clinical training with classroom instruction
- Frequent quizzes to test knowledge gain





**QUESTIONS?**