

The Health Care Workforce Transformation Fund supports training programs that address workforce skill needs identified by health care providers as they work to improve patient care and reduce costs. Commonwealth Corporation administers this fund on behalf of the Executive Office of Labor and Workforce Development.

The 1199SEIU Training and Upgrading Fund is committed to supporting health care workers who care for others through programs and services that build better lives for their members and invest in the workforce to improve patient care and the health care industry.

North Shore Medical Center (NSMC) and Lynn Community Health Center (LCHC) have a strong commitment to meeting the health needs of the Lynn community. NSMC is the North Shore's largest health care provider, offering comprehensive care and a commitment to exceptional quality, safety and kindness. Through a co-located team of medical and behavioral health providers, LCHC provides high-impact, low cost care while respecting each patient's unique needs.



Workforce Challenge:

A common challenge for both employer partners was the growing percentage of workers interacting with patients and visitors exhibiting challenging or aggressive behaviors. This was happening particularly to front line workers who frequently lacked the knowledge, skills, and experience to effectively manage interactions with difficult patients, creating problems for both workers and other patients. At first I felt like I didn't know what to do when a person seemed agitated. The training helped me identify facial expressions and body language a patient displays when they aren't feeling right. I was able to use my active listening skills and appropriate body and language responses to ease my patient's agitation. With this training I know that if a patient gets out of hand I can do my best to control the situation."

-Participant in the R.E.S.T. program

Training Strategy and Expected Outcomes:

Recognizing the need and responsibility to support employees and improve the quality of patient care, the partnership designed and conducted training that would help employees respond to difficult situations. Response to Escalated Situations Training (R.E.S.T.), provided staff with a common language and practices to deal with challenging behaviors. Approximately 600 staff across the sites received training and coaching that incorporated identifying and addressing "trigger" behaviors, de-escalation techniques, and strategies to manage disruptive patients and visitors. In addition, a core group of staff were trained to deliver the curriculum to their peers which will contribute to the sustainability of the strategy. To determine the impact of the training an evaluation team conducted surveys of training program participants and focus groups with front line staff and managers. At least 96% of survey respondents agreed or strongly agreed that as a result of the training they are better able to recognize triggers to violence, identify the different levels of escalation, use cooperative language to diffuse escalating situations, and ensure the physical well-being of themselves and others.



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Anna Jaques Hospital (AJH) is an independent, not-for-profit community hospital serving 17 cities and towns in the Merrimack Valley, North Shore and Southern New Hampshire areas. Anna Jaques is recognized for delivering high quality, low cost community health care with an emphasis on patient satisfaction. They are clinically affiliated with Beth Israel Deaconess Medical Center.

Workforce Challenge:

AJH is experiencing an increase in the severity and illness acuity of their patients, requiring increasingly complex care. Simultaneously, health care quality improvement and cost reduction policy includes a strong emphasis on moving patient care to local, community hospitals instead of larger institutions. In order to remain competitive, respond to an increased flow of medically-complex patients and provide high quality care, AJH needs to attract and retain nurses who have a higher level of education and can perform at the top of their license.



Our grant-funded RN to BSN program in 2014 stimulated three post-grant cohorts and 34 newly minted BSNs. From 40% pre-grant, we now have nearly 60% of our nurses with bachelor's degrees or higher. We have also benefited from the new simulation mannequin. It helps us to prepare our clinical staff to save lives by exposing them in a training setting to a range of both common and unusual scenarios they may encounter in the hospital."

-Sarah Belise, RN MSN CNL, Director of Education

Training Strategy and Expected Outcomes:

In partnership with Bay State College, AJH brought an RN-to-BSN program to the hospital campus. During a two-year period, 15 AJH nurses enrolled in and completed the program, earning a BSN while they worked. This helped to bring the hospital's overall percent of RNs with a BSN or higher from 40% to 54%. In addition, AJH trained 25 nurses to serve as preceptors to newer nurses. AJH reported that nurses participating in the initiative have become leaders, challenging the status quo, looking for best practice and process improvement and encouraging co-workers to do the same. AJH also reported that investment in higher-level credentials and skills and the development of a larger number of staff serving as preceptors was instrumental in advancing the organization's objectives related to reliability and strengthening a culture of safety. As a result, AJH has launched three additional RN-to-BSN cohorts and anticipates establishing an on-site BSN-to-MSN program in the near future.

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Behavioral Health Network (BHN), a non-profit community behavioral health service agency, provides comprehensive, outcome-driven behavioral health care in Western Massachusetts.



Workforce Challenge:

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Providers in Western MA are presented with an increasingly complex patient population. Up to 40% of patients presenting for routine or sub-acute care also have mental health (MH) and/or substance abuse (SU) problems that are not treated elsewhere. Additionally, a significant number of BHN's patients with serious mental illness are obese, have diabetes, hypertension, asthma or chronic pulmonary disease.

Currently, clinicians are not prepared to care for patients with these challenges. Graduate schools do not offer formal training or internship experiences in primary care for behavioral health providers and they provide limited exposure for medical students into the behavioral health field. In addition, clinicians in primary care and behavioral health do not typically work in collaborative teams, missing the opportunity to be available for real-time interventions and hand-offs.

66 Learning how critical the connection between behavioral health and physical health really is not only gave me a place to start with patients, it taught me how to help patients make small changes that have a positive impact on their functioning and develop a healthier version of themselves. It really gave me a good foundation to start as a new Integrated Behavioral Health Consultant."

-Lauren Favorite, Integrated Behavioral Health Consultant

66 Having the learning activities tied to the core competencies has helped streamline the on-boarding of new staff. The trainings meet the needs of differing learning styles and allow for flexibility to accommodate both new and seasoned staff."

-Tina Marie Fioroni, LMHC, Integration Program Director

Training Strategy and Expected Outcomes:

BHN is providing training to their clinicians to support real-time collaborative care delivery and co-located, integrated practices with its regional partners. This will allow the clinicians to provide interventions that are expected to improve the quality and efficiency of patient care, resulting in better health outcomes and lower overall health care costs. BHN has changed the way they approach orientation, training and evaluation of new and existing staff by increasing the development and practice of knowledge and skills necessary to engage in integrated care coordination and outreach activities with shared primary care practice patients. In a short time frame, they have already seen an average 37% increase in primary care practice patient initiation and engagement rates in MH/SU services. BHN leaders anticipate this will lead to a reduced amount of no-shows and decrease in the amount of time primary care practitioners spend with patients needing behavioral health services since there will be a trained clinician available for quick interventions, and improved patient adherence to treatment plans.

BEHAVIORAL HEALTH NETWORK CURRICULA

BHN staff developed comprehensive curricula. Their Primary Care Behavioral Health Training Series covers 46-hours of competency-based training to be provided and mastered over a period of 12-months, starting at orientation. Their Health Literacy e-Learning Series was approved for CEUs by the American Psychological Association, the National Association of Social Workers, and the MA Mental Health Counselors Association.



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Berkshire Medical Center (BMC) is a community hospital in Pittsfield, MA, offering a full continuum of medical specialties. A teaching hospital and part of Berkshire Health Systems, BMC is one of the largest employers in the region.



Workforce Challenge:

Like most health care providers, BMC is experiencing a rise in the number of patients with complex health issues. This requires nurses and other frontline staff to deliver more coordinated, efficient, and advanced care. In an effort to address this issue and allow the RNs to provide advanced care, it is important to enhance the role of the nursing assistants (CNA). This requires not only clinical skill development, but also improved communication and teamwork skills. Left unmet, these workforce issues can lead to turnover, compromised quality of care, inefficiencies, and increased wait time for procedures. The Nursing Assistant II Career Ladder course has enhanced the nursing assistants' ability to provide more advanced patient care and increased their self- image. We see an increased skill level, both in current and new skills learned. More important than that however, is the improved ability of the nursing assistants to both identify potential patient problems and to communicate their findings more effectively to appropriate staff. The CNAII staff now display a better understanding of the processes and physiologic changes the patient is experiencing thus improving the ability to consider all components of care. In addition, we now have a group of nursing assistants who can mentor others."

Berkshire Health Systems

Training Strategy and Expected Outcomes:

BMC designed a two-pronged workforce training strategy. The first component is a comprehensive training program teaching critical clinical skills and soft skills such as communication, problem solving and time management, allowing RNs to delegate more complex tasks to CNAs and empowering them to better support the nursing team. The second component of the strategy includes a mentoring program, by which more experienced CNAs will mentor and support novice CNAs as they develop strong skills and work habits.

Over the two years of grant activities, they have seen improvements in communication, teamwork, critical thinking and the ability to set priorities. The 41 trained CNAs that moved onto CNAII roles reported and showed increased confidence in skills, an ability to perform advanced tasks (e.g. taking out saline wells and disconnecting Foley Catheters), as well as effectiveness on the job. That led to a significant increase in delegation from the RNs to the CNAIIs, which resulted in improvements in the discharge process. Reports showed that RNs working with CNAIIs were able to discharge 30.1% of their patients on time (compared to 19.3% at the beginning on the grant). In addition, with earlier discharges the hospital will see savings in areas such as food service, housekeeping, overtime costs, as well as a potential increase in the number of patients that can be admitted sooner as beds are available at earlier times.

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Beth Israel Deaconess Hospital - Milton (BID-Milton) is a non-profit, 88-bed acute care community hospital. The hospital has a full-service Emergency Department (ED) and offers a wide array of inpatient, outpatient and ancillary health care services. Annually, BID-Milton cares for 6,435 inpatient and observation patients, and averages 26,000 ED patient visits and 300,000 outpatient visits.



Workforce Challenge:

The communities served by BID-Milton have a larger proportion of seniors (65+ years) than the state of Massachusetts on average. The medical costs associated with serving this population are high and steadily increasing; they have a more varied set of conditions than in the past. The hospital has been hiring nursing students to perform Certified Nursing Assistant (CNA) duties in order to provide advanced, quality care to seniors. These students leave for RN positions when they complete their studies and become licensed, contributing to an average turnover rate for CNAs of 10%. The (non-nursing student) CNA workforce that remains needs access to increased education and training related to geriatric health. BID-Milton believed this would lead to increased confidence among staff and, as a result, would contribute to improved care of older adult patients.

This program allowed me to see things from a patient's perspective and taught me ways to improve patient care and satisfaction."

-BID-Milton Geriatric Associate

Training Strategy and Expected Outcomes:

BID-Milton developed and delivered an enhanced geriatric CNA and Phlebotomist curriculum, which included the use of simulated technology. The new curriculum included 40 hours of face to face and simulator-based training, building on NICHE (Nurses Improving Care for Health System Elders) certification materials. Incumbent CNAs who successfully completed training were promoted to a newly created position of Geriatric Associate with a wage increase. As a result, the hospital now has a better trained multi-lingual, multi-cultural CNA workforce with specialty skills to improve the care and management of the elderly. Nursing leadership reports that CNAs are more proactive in reporting issues and recognizing changes in patients' conditions. Moreover, BID-Milton has seen a decrease in the 30-day readmission rate for the geriatric patient population and reported reduced turnover of their CNA workforce. In addition, through a partnership with the local Vocational High School, 36 high school students completed enhanced geriatric training which supplemented their CNA certification. The school has incorporated specialty training in geriatric care for all program graduates which will strengthen the pipeline source for trained CNAs from the vocational high school to health care providers in the community.

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Centrus Premier Home Care provides a full range of nursing services including wound care, IV therapy, diabetic care, catheter care, cardiac and respiratory assessment, medication management, and pain management, for pediatric and adult patients throughout Massachusetts.

CENTRUS.

COMPASSIONATE CARE In the comfort of your home

Workforce Challenge:

Centrus' ability to care for medically fragile, technology-dependent patients at home is critically dependent upon their ability to recruit, train and retain a dynamic team of highly skilled nurses. Nurses who have the required advanced training and expertise, especially those with pediatric experience, are a scarce resource. Many individuals receiving home care depend on complex medical equipment and services due to co-morbid conditions such as severe lung disease, congestive heart failure, multiple sclerosis, and diabetes. With a shortage of nurses with required expertise and an increasing number of patients waiting for services, Centrus experiences approximately 587 missed shift hours for current pediatric patients per week. In addition, this shortage translates into 700 missed referral hours per week for prospective ventilator patients, and a need for an additional 200 nurses trained in advanced ventilator and pediatric care.

The grant has given Centrus the ability to train and provide jobs for 19 RN and LPN graduates with patients that require tracheostomy and ventilator care. In addition, we advanced the skills of 92 of our RN's and LPN's currently on staff.
The trainings led to an increase in job satisfaction, patient safety and patient satisfaction."

- Jean Marie Coughlin, AVP Clinical Operations

Training Strategy and Expected Outcomes:

Centrus seeks to increase their nursing pool to reduce the number of missed shifts and improve capacity to accept new patient referrals, resulting in lowered hospitalization rates and increased quality of care. Through a rigorous curriculum, simulated lab environment, classroom and online classes, and mentorship, Centrus is providing novice nurses with specialized home care/critical care skills training and both novice nurses and more experienced nurses with advanced pediatric and ventilator training. Through this initiative, Centrus aims to:

- » Decrease the cost of training an adult-to-pediatric and a ventilator nurse by approximately \$144/nurse
- » Decrease one-on-one training time in the patient's home from 60-80 hours to 44-64, allowing a nurse to take on a full caseload faster
- Increase the number of pediatric and ventilator nurses on staff, enabling them to provide an additional 5,000 hours of service to pediatric patients and 5,000 additional hours of service to ventilator-dependent patients
- » Provide an additional 40 hours of skilled critical care per patient per week
- » Decrease patient hospitalizations from 6% to 4%



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Clinical & Support Options (CSO) is a full service behavioral health agency in Western and Central Massachusetts. Employing more than 600 multi-disciplinary staff with an operating budget of more than \$30 million, they have helped thousands of families in the region since 1955.



Workforce Challenge:

Many of CSO's clients with serious mental illness and substance use disorders suffer extremely poor health and have little or no access to primary medical care, which hinders the effectiveness of behavioral health interventions. In an effort to bridge the care gap and create an integrated, patient-centered, holistic behavioral health "home", CSO has outstationed behavioral health clinicians at primary care offices in the region, and is outreaching to local practices to establish relationships focused on referral, consultation, and coordination of care. However, mental health clinicians lack the training, skills and medical knowledge necessary to help improve clients' health outcomes or to be able to connect them to appropriate services. The training heightened my awareness of the importance of coordinating with the primary care providers of all my clients. I've started paying more attention to my clients' medical conditions, understanding that they may be contributing to things we'd identify as behavioral health issues."

-Joseph Deckro, Outpatient Therapist, Pittsfield clinic

Training Strategy and Expected Outcomes:

CSO developed a broad training strategy that reached across a large geography and several organizations. Through this grant, CSO designed and delivered an advanced, CEU-qualified Integrated Health Management Series, enrolled staff in peer leader certificate trainings in wellness and prevention, and provided Mental Health First Aid training which they extended to community responders and the general public. Their objective was to develop skills for mental health and substance abuse practitioners in engaging patients in the improvement of their own health, connecting them to appropriate services, and supporting integrated treatment plans. This initiative was also designed to play a key role in developing CSO's health home model of care coordination, ensuring physical health issues are identified and fully integrated into care planning. As a result:

- 641 internal and partner clinical staff participated in training.
- CSO clinicians report that they are able to comfortably address the medical needs of clients in the treatment planning process.
- 84% of CSO patients have a documented medical profile in their record.
- 1 peer specialist who attended Recovery Coaching training is now serving as a supervisor of peer specialists.
- 453 community members were trained in Mental Health First Aid, including teachers, police officers and firefighters.
- CSO is now positioned to serve as a Behavioral Health Home. In addition, CSO will be providing a Children's Health Home model as part of a Mass Health redesign, providing care in three counties in Western MA.



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The East Boston Neighborhood Health Center (EBNHC) has been caring for East Boston and surrounding communities for over 45 years. As the leading health care provider in their area and a Level 3 NCQA-certified Patient Centered Medical Home, EBNHC provides more than 300,000 patient visits per year and delivers 1,000 babies annually in partnership with Boston Medical Center.



Workforce Challenge:

The quality improvement and cost control objectives of Chapter 224 have increased pressure on all staff interacting with patients, especially direct care workers. Staff must perform at a higher skill level and work as a team to provide consistent, coordinated care, helping clinicians identify specific health signs and indicators to promote preventative care and reduce unnecessary hospital visits. At EBNHC, these changes mean higher expectations for Medical Assistants. However, the Medical Assistant workforce comes with different levels of experience and expertise, and inconsistent education/ training standards. Additionally, nurses and physicians have varying levels of expectations of their Medical Assistants and other direct care staff. **66** In the rapidly changing health care environment, staff is continuously asked to do more, and it can be challenging to find the time and resources to train staff accordingly. Funding from the Health Care Workforce Transformation Fund Initiative has helped our Education & Training Institute provide the training our Medical Assistants need to provide the best possible patient care."

-Cindy Theodore, RN Administrative Director, Nursing & ED

Training Strategy and Expected Outcomes:

In order to improve the quality and efficiency of care provided to patients, EBNHC needed to standardize expectations, processes, and training opportunities throughout the organization. EBNHC used grant funds to enhance a comprehensive training program for Medical Assistants that focuses on new roles and responsibilities, teamwork and communication skills, processes and procedures, overview of chronic diseases, proper use of instruments and equipment, overview of infectious diseases and infection control, and electronic health records training. By standardizing training, EBNHC is leveling the skills of their Medical Assistants regardless of their background, and will therefore be able to provide consistent, continuous care with a focus on overall better patient outcomes. As a result, EBNHC has been able to assign additional responsibilities to their Medical Assistants, including preventative care, administration of depression screenings and vaccinations and patient guidance and support with MyChart registrations. MyChart registrations increased from 23% to 32% and depression screenings increased from 49% to 77%.

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FELLOWSHIP

HEALTH Resources

Fellowship Health Resources (FHR) is a non-profit behavioral health care agency with corporate offices in Lincoln, RI and operations in 7 states. In Massachusetts (Cape Cod & the Islands, Fall River and New Bedford regions), FHR serves 728 individuals annually. FHR integrates wellness and innovative, therapeutic practices to provide community-based, recovery-oriented behavioral health services that promote independence, stability and increased skill levels.

Behavioral Healthcare Services Fostering Hope and Recovery

Workforce Challenge:

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FHR was experiencing an increase in the acuity level and number of individuals affected with medically-compromised serious mental illness, further complicated by legal issues, addictive disorders and homelessness. Some do not know how to access services or lack the resources to understand their conditions. In particular, FHR found that 32% of their Transitional Age Youth (TAY, ages 18-24) patients had an addiction, 11% did not have an identified Primary Care Physician (PCP), 20.5% had asthma, 14% had documented weight issues, and the majority smoked cigarettes. To effectively address the needs of this population, FHR's staff and peer specialists required training and coaching on the integration of self-care, medical, and addiction services into their behavioral health model.

A major lesson learned from this whole process is that health and wellness education should play a major role in client recovery. Clients were extremely open to discussion groups and many retained what they learned and spoke about how it impacted their lives at the follow up meetings."

- Jacinda Bragg, Lead Registered Nurse Trainer

Training Strategy and Expected Outcomes:

With the support of Planning and Training grants, FHR surveyed the needs of their TAY patients in Massachusetts, with special focus on those in residential units. They hired a Lead Nurse Trainer to train staff in case management essentials, addiction prevention, nutrition/food education, Wellness Recovery Action Planning, Whole Health Action Management, sensory needs, vital signs, chronic health conditions, smoking cessation, and changes to the DSM.

After almost two years of training, coaching, and conducting health and wellness groups, FHR saw improvements in the education and selfmonitoring of symptoms of their TAY patients. Some of their outcomes include:

- » 100% of participating TAY patients selected a PCP and had a yearly physical.
- » 100% of TAY patients living in the Cape & Islands region chose a dentist, and either had or scheduled a dental exam.
- » 50% of TAY patients reduced or stopped smoking.
- » Unnecessary/preventable hospital visits were reduced by 27% during the grant period.
- » Drug use by TAY patients was reduced by 57%.
- » 42% of TAY patients were engaged in physical activity and 38% either reduced or eliminated their soda consumption.

In addition, FHR reduced its unbillable days* by 4,657 R Days, or the revenue equivalent of \$333,953. They have also seen estimated yearly training cost savings of \$13,400, which will allow them to extend training to all their staff and patients in MA and experienced a 70% reduction in denied claims following staff training in DSM V and ICD-10.

* Unbillable days include those in which an individual is hospitalized and is unable to work on their mental health recovery.

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The Gandara Center is a \$46 million, multi-service provider whose mission is to promote the well-being of Hispanic, African American and other diverse populations through culturally competent behavioral health, prevention and education services. Established in 1977, it serves more than 10,000 people from all backgrounds per year at 45 locations across the state.



Workforce Challenge:

CORPORATION Building skills for a strong economy

In order to provide patient-centered behavioral health care, clinicians from Gandara and its network of partners need to tailor interventions to address the cultural values, beliefs, traditions, and needs of culturally and racially diverse families. While bilingual and racially-diverse clinicians are in high demand, peers or community health workers trained in pediatric behavioral health can help alleviate the shortage and become valuable team members. These individuals are hired for their life experience and ability to communicate within the culture and language of the clients. They often have not had formal training in effective practices and without additional on-the-job training they require a high level of coaching and supervision. This results in reduced productivity and high turnover within the first year of employment.

I am very grateful to have been given the opportunity to take this course. For me, it has been a fantastic experience. I am learning things that I didn't know before which is helping me with both my role as a Family Partner and in my personal life. I understand more about how mental health works and can deliver information to families that helps them understand their child."

- Family Partner, Gandara

Training Strategy and Expected Outcomes:

Gandara's three-pronged strategic approach included designing and delivering a 9-credit, college-level Children's Behavioral Health Worker Certificate Program that would create a pipeline of new workers with racially and ethnically diverse backgrounds and would upgrade the skills of current staff. They also provided training to 54 clinical supervisors who oversee in-home family therapy workers in racially and ethnically diverse cities in the region. In addition, they piloted an integrated, intensive care coordination and behavioral health site within the pediatric practice of a community health center. Through their efforts, they have:

- Added 21 multicultural behavioral health workers to staff of local behavioral health organizations, reducing the time of ramping up a new worker to full productivity and improving their retention by 25%. (Turnover costs an average of \$8,500/ employee and \$16,000/employee if they leave within the first year.)
- Reduced the time spent by incumbent workers on documentation correction by 25%. Documentation errors cost Gandara an average of \$30,000/year.
- Increased supervisory capacity. 94.5% of supervisors reported making changes to their supervisory practice and 97% made changes to the training/coaching of their supervisees as a result of the course.

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The Massachusetts Senior Care Association (MSCA) represents a diverse set of organizations that deliver a broad spectrum of services to meet the needs of older adults and people with disabilities. Their members include more than 500 nursing and rehabilitation facilities, assisted living residences, residential care facilities and continuing care retirement communities providing services to more than 120,000 people a year.



Workforce Challenge:

In three of MSCA's membership regions (Pittsfield, Lowell and Milton), the proportion of residents over 65 is higher than the state's average and so is the rate of readmission. There is a need to provide coordinated care across multiple settings (e.g. from hospital to long term care), but proper care transitions are a challenge due to a lack of communication between providers, or limited understanding of how other settings contribute to the continuum of care. Nurses need adequate training in the skills and competencies required to effectively lead transitions, including understanding the continuum of care and the challenges inherent to each setting, effective communications, accountability, and teamwork.

Our participation in CTEP was an eye opening experience for staff to see how other organizations, especially our referral sources, function and the challenges they face, so we can collectively strategize ways we can best meet our patients' needs during care transitions."

Training Strategy and Expected Outcomes:

Working with nine diverse health care providers across those three regions, MSCA implemented an innovative frontline workforce development strategy that gave nurses the foundational knowledge and skills needed to understand their critical role in reducing avoidable hospital readmissions and improving patient-centered care transitions. Their program brought together nurses from different care settings to work as a team; MSCA trained leaders in each of the participating facilities to become trainers and ensure the sustainability of these efforts.

Through this initiative, one of MSCA's participating health care providers experienced a reduction in Medicare re-hospitalizations from 14.4% (baseline period) to 11.3%, which is estimated to translate into annual savings of approximately \$1.9 million. As context, all-payer readmission rates for Massachusetts acute care hospitals rose from 15.3% in 2014 to 15.8% in 2015. All partners have reported marked improvements in communication, mutual respect and collaboration among nurses.



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Southcoast Health is a non-profit, community-based health system serving more than 719,000 residents in 33 communities, offering an integrated continuum of health services throughout southeastern Massachusetts and Rhode Island. Their system includes three hospitals, physician practices, urgent care centers, a visiting nurse association, centers for cancer care, outpatient surgery centers, and numerous ancillary facilities.



Workforce Challenge:

Southcoast is one of 500 certified Accountable Care Organizations in the nation. In recent years, Southcoast acquired new provider groups and services resulting in discordance in hiring requirements for Medical Assistants, disparate skill sets across the practices, inconsistent practice workflows, and varying supervisory expectations of medical assistant performance. Furthermore, the incorporation of electronic medical records and increasing focus on preventative care added additional challenges and highlighted skill gaps among Southcoast's workforce. Since I've been taking this course I feel more professional and closer to patients. I've been able to help my provider with more information before she goes in the room."

-Helena Desousa, Medical Assistant

Training Strategy and Expected Outcomes:

In partnership with Bristol Community College, Southcoast trained its Medical Assistants on crucial skills aligned with Southcoast's scope of practice for Medical Assistants, national certification standards, current office practices, skill gaps, and Patient Centered Medical Home guidelines. Additionally, Southcoast provided training in coaching skills to Practice Managers to support the growth and new roles of their Medical Assistants. Over 2 years, Southcoast's Medical Assistants participated in 47 hours of training which was designed to prepare them for national certification and award them CEUs. Ninety-eight percent who completed the training passed the certification exam. Subsequently, Southcoast's patient satisfaction has improved significantly in domains such as Medical Assistant friendliness and awareness of patient needs. In addition, Medical Assistants now take on additional tasks such as administration of patient self-screenings for depression. The completion rate for screenings has increased from 10.96% to 35%.