Medical Assistants: Embracing New Roles

Bowdoin Street Health Center/ Beth Israel Deaconess Medical Center
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Session 1C
March 7, 11:00AM-12:30PM

QUALIS HEALTH

THE COMMONWEALTH FUND

MacColl Institute at Group Health Cooperative

Bowdoin Street Health Center

- Comprehensive Community Health Center licensed under Beth Israel Deaconess Medical Center
- Located in Dorchester, Massachusetts
- Approximately 11,000 active patients with
- 45, 000 patient visits per year
- Provide Pediatric , Adult, Family Practice Primary Care Services with 11 primary care physicians and NP’s
- Multi-cultural, Multi-lingual urban population

The Beginning

- Transformation process began about 1 ½ years ago
- Preliminary discussions began with provider group outlining current trends in health care reform and reimbursement structure, planned care activities, and the patient-centered medical home
- We were not selected as a participant in a pilot program but decided to pursue organizational transformation on our own.

- Initial concerns expressed:
  - Aren't we doing this already?
  - We don't have enough staff to be able to do all of this!

- Other issues included:
  - Provider specific practices-little standardization
  - Disease focus
  - Patient specific but not population based- cared for those who presented for care but not for those who didn't
  - The Carrot- (hook) if we can define what we need then it will be easier to justify additional staff.

Engagement

- Conducted many meetings over several months
  - Invited all staff- to begin to demonstrate available resources- not just clinically based
- Established ground rules for all discussions.
  - No Blame
  - “They” don’t work here anymore.
  - Encouraged use of I, we, us to highlight personal/team accountability.
  - Everyone has a voice and important things to say.
  - Every moment is a teaching/learning opportunity.
- Also employed strategies:
  - Mixing up of seating to encourage equalization of power
  - Calling on specific individuals (MA’s) for input (with prior approval)
  - Assuming a facilitator role rather then administrator role encouraging problem identification and solving by participants

Current State Assessment

- Who are our patients?
- As a group- using brainstorming techniques we
  - Defined who our patients are- sorted by age, gender, disease, language needs etc.
  - Identified a target population to facilitate population based thinking and to focus subsequent discussions (women over 50)
- What do we do for our patients?
  - Defined what is needed (tasks) to care for this age group both those who come for care and those who don't.
  - Divided tasks into categories:
    - Before visit
    - During visit
    - Before clinician
    - With clinician (most valued by patient)
    - After clinician
    - After visit
    - Between visits
    - No Visits

Identifying Team Members

Listed all available team members by title:

- Clinicians
- RN’s
- LPN’s
- Medical Assistants
- Mental Health Clinicians
- Interpreters
- Community Resource Specialists
- Registration Staff
- Call Center Staff

Defining Roles

- Sorted all tasks by first person able to perform competently reserving most complicated for clinicians and licensed staff.

- Existing MA functions
  - Rooming patients
  - Stocking rooms
  - Working 1 MA to 2-3 clinical staff

New Medical Assistant Role

- **Stock Rooms:**
- **Patient Flow:**
- **Point of Care Testing**
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- **Triage Patients in Walk in- with RN/LPN assistance**.
- **Complete Screening For New and PE's**
- Depression Screening
- Domestic Violence
- Pain Scale
- **Assess need for Prescription Refills**
- Educate on reading prescription bottle and to call
- **Administrative functions:**
- **Dnk Follow up:**
- **Verify patients PCP and enter in OMR**
- **Form Completion**
- Identify form
- Begin completion
- Determine if nurse can complete without patient waiting for clinician
- **Schedule Follow up Appointments**
- **Follow up on Specialty Referrals-** beginning with cardiology.
- **Group Medical Visits:**
- **Mammograms and Colonoscopies**
- Follow up on Mammograms and Colonoscopies based on patient panel report in collaboration with clinician.
- Enter orders per protocol and send to clinician for co-signature.
- **Manage Recall Lists**

Strategies for Implementation

- Converted 3 existing positions to medical assistant positions- still have not achieved 1:1 ratio at all times.
- Formulated teams: (3 teams-2 adult and 1 pediatric)
  - 3-4 clinicians, 2 RN's/LPN's, 3-4 Medical Assistants, 1 mental health clinician, 1 interpreter, 1 administrative support
    - Each clinician, nurse and medical assistant given opportunity to select clinical team members- matched as best as possible.
    - Adjusted medical assistant schedules to match assigned clinician schedule to equalize staffing patterns.
    - Divided all triage, call management, ED and discharge follow up per team.
- Located teams in same area- moved nurses into clinician offices to improve communication.
- Trained MA's to assume new responsibilities. Involved clinicians and nurses in training whenever possible.
- Developed standardized guidelines for task completion.
- Established weekly team meeting times.

Lessons Learned

- This is an Organizational Shift- not just clinical care.
- Involving as many people, right from the beginning encourages engagement and ownership- and a better understanding of goals.
- Identified the need to add more administrative staff so that clinical staff can focus exclusively on clinical tasks.
- Trust and respect take time to build- open communication and training build confidence.
- Regular meetings help to keep transition on track.

CAVEAT: Be careful of the MY Doctor- MY Medical Assistant Syndrome- keep the focus on the patients and the team.

Questions?

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