

## The Expanding Role of the Medical Assistant

In order to succeed in today's evolving healthcare climate, practices must reconsider the role of the medical assistant. The process begins with evaluating the needs of patients, and redefining expectations for team members. Medical assistants need training to expand their expertise and ensure that they are working to the top of their license.

The medical assistant is an essential, but often underutilized, member of the outpatient practice team. Training and certification for medical assistants has traditionally included basic administrative and clinical tasks, such as rooming patients, taking vital signs, and performing some in-office tests.<sup>1</sup> But that role has expanded with the passage of the Affordable Care Act (ACA) and the evolution of the Patient-Centered Medical Home (PCMH) and Patient-Centered Specialty Practice (PCSP). There is not enough time in a working day for physicians to address the preventative, chronic and acute care needs of their patients.<sup>2</sup> Expanding the role of the medical assistant in the PCMH and PCSP is essential to achieving the triple aim of improved care, improved population health, and reduced costs. The first step in the transformation to team-based care is to establish buy-in from the key stakeholders. In this instance, perspectives must shift from the reactionary care of patients arriving at the office, to the proactive care of populations. A major challenge to this shift in thinking is development of new roles and responsibilities for the team, not just the individual.<sup>4</sup> Physicians must recognize that they cannot care for their patients alone. By relying on their medical assistants for many preventative

and chronic care tasks, physicians can instead spend time resolving complicated diagnostic dilemmas and strengthening the therapeutic relationship. Physicians will want to ensure that their medical assistants are capable of performing these tasks so they can build a strong, cohesive team.

The second step is to determine the specific roles of medical assistants within the care team. Medical assistant certification includes limited training on cancer screening, smoking cessation, and chronic disease health coaching.<sup>1</sup> Expectations for expanding this training will differ by practice. Specialty practices are likely to have a very specific role in mind for their staff members, while primary care practices may encourage broader roles. Either way, medical assistants will function best when their role has defined parameters. For example, if the expanded role of the medical assistant encompasses pre-visit planning, specific criteria and time intervals for cancer screening and diabetic care need to be defined.

The third step is to capitalize on the resources available within the practice and institution to train the medical assistants. Trainers may choose to start with a refresher on the basics, such as vital signs and electronic medical record documentation. From there, the training should quickly expand to the additional roles identified by team members. One of the major challenges in teaching medical assistants is determining which learning approach to use when developing an instructional program. Adult learners typically respond well to practical and experiential approaches, particularly when learning new skills that are most relevant

to their job.<sup>5</sup> Medical assistants often have a limited knowledge base to draw from and are more dependent on their instructors for subject matter expertise. Awareness of different levels of learners is essential to the success of a medical assistant training program.

As with any transformation process, the final (and arguably most important) step is constant reflection and assessment. Review goals with stakeholders, and determine if the training program has helped them to reach those goals. One of the keys to the success of team-based care is having each team member working to the top of their license. If this is not occurring, it is incumbent upon the practice to reconsider the roles, reassess strengths and weaknesses, and make needed adjustments.

The practices affiliated with Thomas Jefferson University have been working to increase the number and caliber of medical assistants in our clinics. As we add more medical assistants, our ability to expand their role within the practice improves. Each practice approaches training differently, but the overall goal is to provide additional services to the patient prior to, during and after their visit with the provider. Training sessions encompass basic chronic disease management, pre-visit planning skills, and team and morale building using the TeamSTEPPS<sup>®</sup> program.<sup>6</sup> Quality metrics are attributed to individual medical assistants as motivation for continuous improvement.

Our initial pilots at Jefferson Internal Medicine Associates have been met with enthusiasm, but also some struggles. Establishing buy-in from stakeholders

CONTINUED ON PAGE 2

is essential, and we have found that this must be constantly revisited as the training program evolves. Providers that have embraced their new medical assistant teammates have been able to improve their quality scores and job satisfaction. Others are still struggling to let other

members of the team take over tasks that have been their responsibility for so long. As with any quality improvement process, it is a work in progress that requires optimism and flexibility.

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