



Medical Assistant Roles & Skills In Telehealth Team-Based Care

NACHC FOM/IT
October 21, 2020

Today's Objectives

Discuss how MAs can support telehealth

Review how MA skills must adapt for telehealth

Explore how to support and utilize MAs in telehealth



The Business Case for MAs

Valuable *clinical* staff member

Direct link to revenue generation

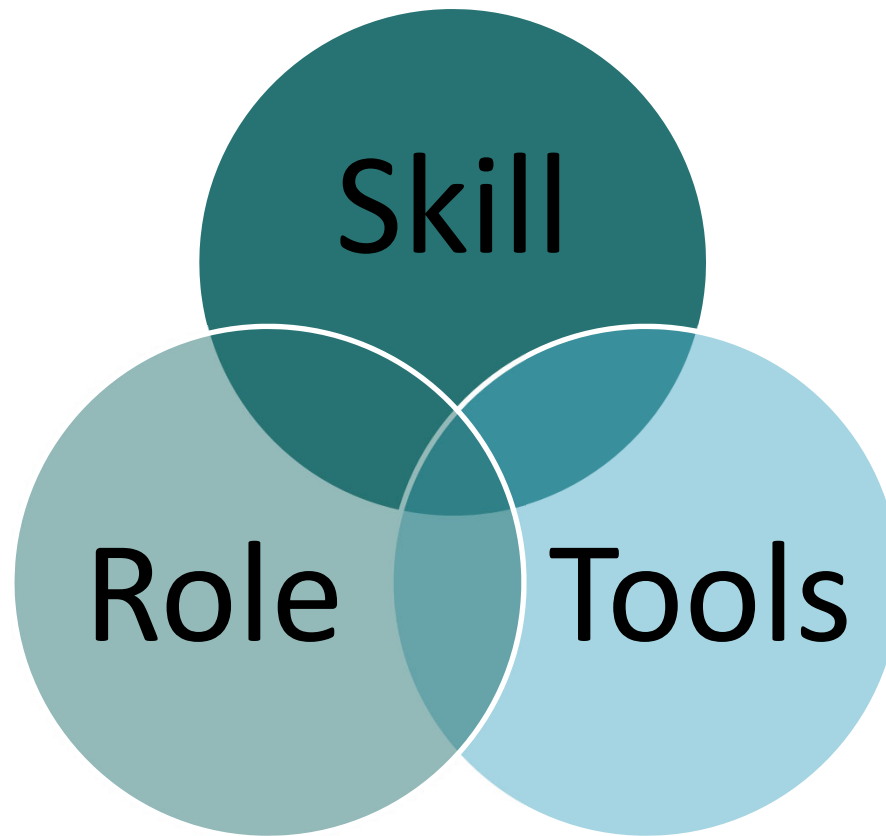
Provider satisfaction and retention

Patient satisfaction with visit flow and efficiency

Direct link to quality measure data capture and outcome

Prevent waste in supplies, workflows, etc.

MA Effectiveness in Team-Based Care



Telehealth

Requires new skills of MAs

Changes choreography

Changes team member roles

Occurs in a virtual environment

MA Skills in Telehealth

Verbal and written communication

Technology and multitasking

Asynchronous teamwork

“Geek Squad” aptitude

Facility with screening protocols

Health education (COVID)

COVID-Induced Telehealth

In-person care team can't be re-created exactly in a virtual world

Choreography developed as we go, in response to challenges

Little time to process or document

Challenges in COVID work/life environment



MA ROLE: TEAM BASED CARE LENS

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

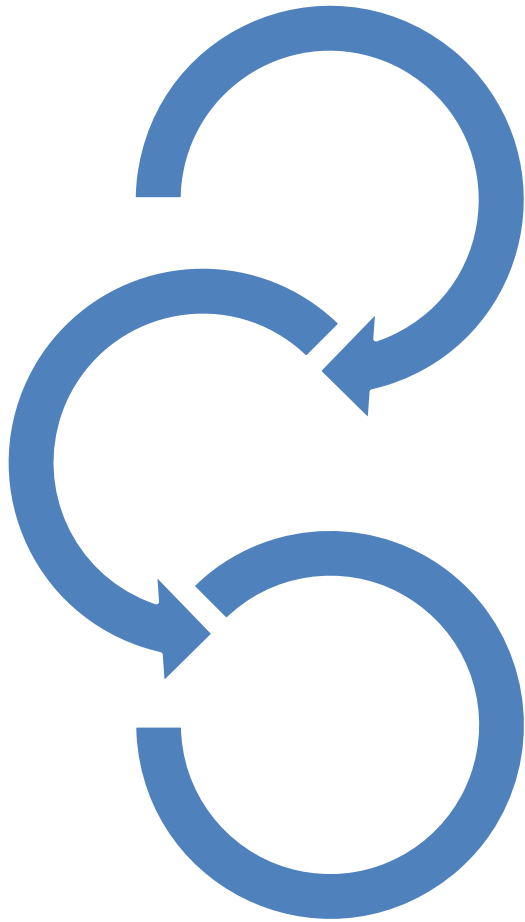
- ⊙ QI experts; national coaches
- ⊙ Project ECHO®— special populations
- ⊙ Formal research and R&D
- ⊙ Clinical workforce development
- ⊙ NNPRFTC / NIMAA / ConferMED



THREE FOUNDATIONAL PILLARS



CHC Experience: Transition to Telehealth

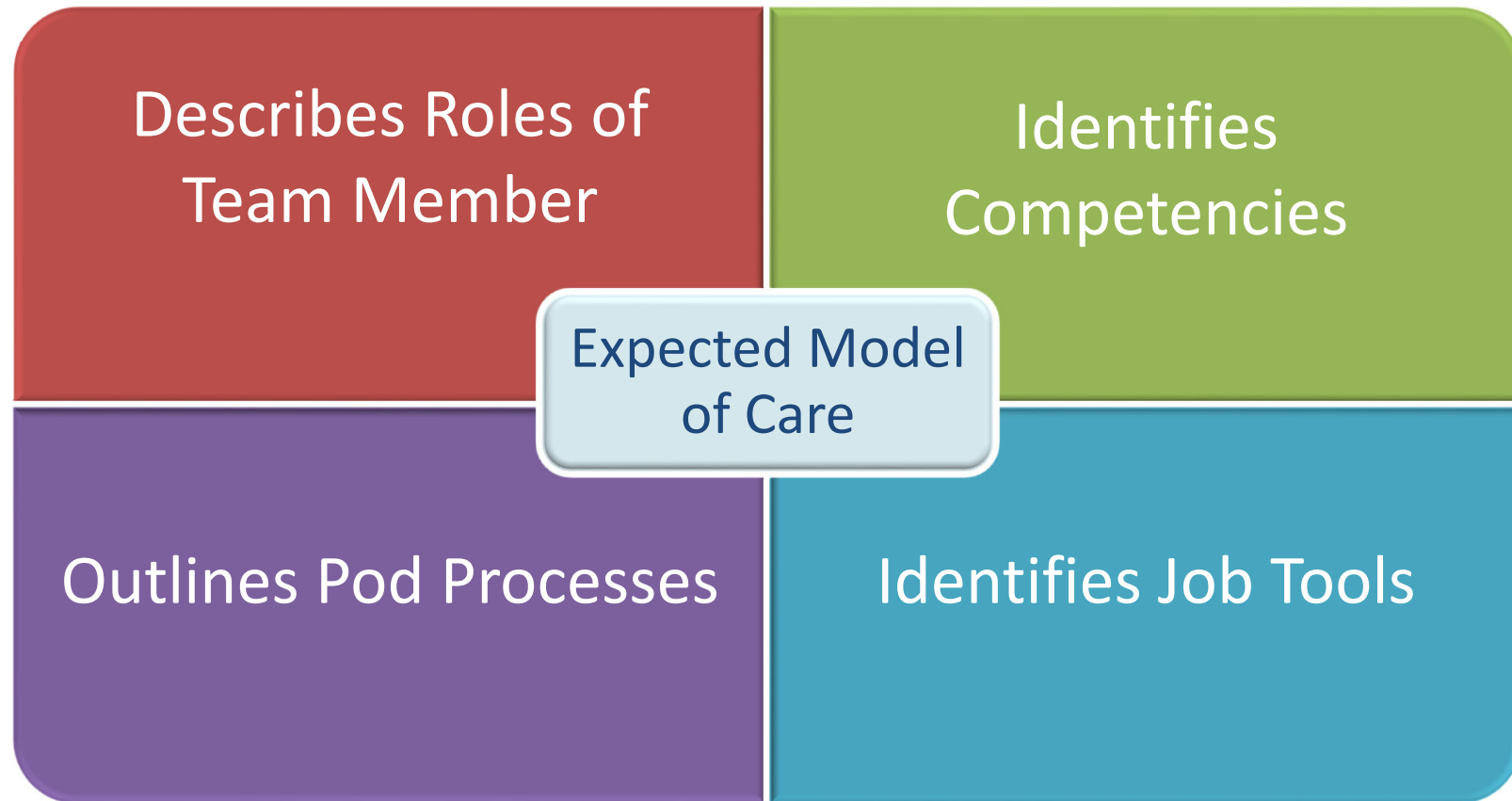


Adapt in-person model to remote environment

Modify to address challenges, gaps

Revisit Plan of Care

Plan of Care Policy as an Assessment Tool



Assessment Questions

What needs to happen?

Who needs to make it happen?

Are visit duties covered by the right team member?

Are there new jobs? Obsolete jobs?

Are new processes needed?



MA ROLE: WORKFORCE LENS

Considerations for MA Workforce

Generalization

Specialization

Skill development and retention

Recertification requirements

Workforce pipeline

- Front desk to MA role
- MA to other clinical role

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MA Telehealth Roles

Generalized

- Tracking planned care
- Screening
- Supporting provider documentation
- Coordination of care incident to the virtual visit
- Patient engagement, connection, hospitality
- Continuity in patient experience
- Ensuring patient feels genuinely seen and heard

Specialized

- Health Coaching
- Care Coordination
- Population Health Initiatives

Organizational Requirements of MAs

Broad set of skills, kept “sharp”

Flexibility

Positivity in the face of change

Critical thinking

Appropriate problem solving

MA Staff Needs

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”

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

UpSkillMA from NIMAA

Discussion



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MA TRAINING FOR THE 21ST
CENTURY

<http://nimaa.org>

