CENTER FOR THE HEALTH PROFESSIONS

RESEARCH BRIEF

Central Massachusetts Community Health Center Partnership: Update 2014

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ABSTRACT

The Central Massachusetts Community Health Center Partnership (CMCHCP) is a collaborative effort of employers and training centers intended to address the workforce needs of Worcester-area community health centers. The partnership's first project focuses on training incumbent and new medical assistants to enhance their skills and allow them to serve in expanded roles such as medical interpreter, patient navigator, and community health worker while also providing career ladder opportunities. This 2014 summary updates the original 2011 case study with new information on staffing, clinical outcomes, reimbursement, and more.

Background and Inspiration

Massachusetts has a large number of community health centers (52), and one in nine of the state's residents relies upon a community health center (CHC) for care. With the passage of Massachusetts' landmark 2006 health reform legislation, which expanded health insurance coverage, CHCs in the state faced increasing demand. Uninsured patients required assistance negotiating the new requirements for insurance, and newly insured individuals sought access to care, often for the first time. This demand strained staffing at CHCs, which were already facing a shortage of primary care physicians and other health professionals.

Concerns about the recruitment and retention of primary care physicians in the CHCs prompted the Massachusetts Area Health Education Center (MassAHEC) Network to collaborate in 2008–2009 with the Massachusetts League of Community Health Centers (League) to survey CHC primary care physicians about the factors that impact their job satisfaction.[1]

Physicians were asked to rank factors that were important in their *continuing* to practice in a Massachusetts CHC. To their surprise, the study

Practice Profile 2011

Name: Family Health Center of Worcester, Inc.

Type: Federally Qualified Health Center (FQHC), part of a multipartner collaborative project

Location: Worcester, Massachusetts

Staffing: Approximately 311 employees, including

- 21 physicians
- 5 nurse practitioners (NPs)
- 15 nurses (RNs/LPNs)
- 25 medical assistants
- 12 resident physicians (MDs) and 1 resident NP

Number of Patients: 160,000

Annual Patient Visits: 33,000

Patient Demographics:

50% receive Medicaid; 24% are uninsured.

Many patients are immigrants and refugees.

41% of patients were best served in a language other than English, including Spanish, Portuguese, Vietnamese, Polish, and Albanian.

team found that compensation ranked fourth after factors such as work–life balance, skilled support staff or other operational support, and support for professional development.

The MassAHEC and the League decided to focus on means of improving support staffing. Because medical assistants (MAs) are one of the largest groups of support staff at CHCs, the MassAHEC decided to write a proposal for a federal Department of Labor grant to develop career ladders and roles for MAs in community health centers. The group did not receive the federal grant, so it scaled down the proposal and applied for a state-level grant targeting the Worcester area. Worcester is the home base for the University of Massachusetts (UMass) Medical School, which houses the statewide MassAHEC Network central office. The proposal was funded for 18 months, from March 2010 to June 2011.

Partnership

The MA training initiative was one of 16 grants awarded statewide and administered through the Commonwealth Corporation (CommCorp). CommCorp is a quasipublic workforce development organization within the state's Executive Office of Labor and Workforce Development tasked with investing American Recovery and Reinvestment Act (ARRA) funds. CommCorp chose to award a portion of the funds through grants to programs that prepare unemployed and underemployed workers for jobs in the health care industry. These grants were awarded to local Workforce Investment Boards, or WIBs, who were required to partner with a community college and at least two local health care employers.

A total of eight organizations collaborated on this initiative, including the Central Massachusetts Workforce Investment Board (CMWIB),which served as the lead agency; the MassAHEC; the Family Health Center of Worcester, Inc.; the Edward M. Kennedy Community Health Center; Quinsigamond Community College (QCC); the Workforce Central Career Center; the Central Massachusetts Area Health Education Center; and the Grafton Job Corps Center.

In addition to having the goal of providing education and training programs that lead to a health care job or advancement, the grant program was intended to inspire regional workforce planning and collaboration focused on the health care sector.

Family Health Center of Worcester, Inc.

The Family Health Center of Worcester, Inc. (FHCW), is a federally qualified community health center and the employer most involved in this initiative. Built on the site of the former Worcester City Hospital, FHCW is home to a family medicine residency program for the University of Massachusetts Medical School. In addition to the multistory main facility, there are three satellite primary care sites, six school-based health centers, and four Women, Infants, and Children (WIC) sites.

Health Center Training Needs

Although FHCW's historically low MA retention rate had improved during the recession, administrators wanted to keep turnover low and decrease the rate of absenteeism. They hoped training and advancement opportunities would enhance MA engagement and satisfaction.

FHCW was transitioning to a Patient-Centered Medical Home (PCMH) model, which would require MAs to take on more, and higher level, tasks to shift some of the pressure off the primary care providers. Administrators observed that medical assisting programs did not prepare MAs to assist in many clinical procedures. Additionally, training in soft skills such as leadership, communication, and professional expectations would be a valuable supplement to MAs' clinical skills. Also, the introduction of a new electronic health record (EHR) system was requiring more advanced computer skills of all staff.

Finally, the FHCW could not afford full-time interpreters for every language in its diverse patient population. MAs were being called upon to provide informal verbal translation, but they had not been trained in proper interpretation techniques, and it was unclear how well some of them spoke the

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languages in which they were providing interpretation.

Training Components

The Worcester initiative was planned to assess current skill sets among MAs and to develop curricula and other tools for enhancing those skills to meet the needs of the health centers. A final goal of these activities was to be the creation of a career ladder for MAs.

Medical Interpreter Training. The Central Massachusetts AHEC offered two medical interpreter training courses to improve MAs' language skills so that they could provide interpretation services. Potential participants were screened for language capacity, and only those who were already proficient in a language other than English were allowed to enroll.

Patient Navigator/Community Health Worker Training. The Central Massachusetts AHEC offered this certificate course to train MAs in teamwork and community outreach so that they could help patients access and navigate the health care system.

Supervisor/Mentor Training. This program was also developed by the MassAHEC, but it was conducted on-site at FHCW. The program was intended to train RNs and MAs to mentor and train MAs at the clinic sites. The overall goal of the course was to develop and distinguish the roles of supervisors and mentors and to train them to work as a team.

Enhanced Clinical Skills Training: The FHCW and QCC developed a series of stand-alone courses for MAs tailored to meet the needs identified by CHC providers. These courses were held on-site in the evenings at the FHCW and taught by a QCC instructor.

Pre-health Program. A number of designated slots at QCC were set aside for program participants to complete prerequisite courses that would allow them to pursue advanced health-care training in nursing, dental hygiene, and other health professions. The grant covers all of the educational expenses of participating MAs, including books and tuition.

MA Roles

Most FHCW MAs work in one of four teams. The first three teams consist of six physicians, six MAs, two nurses, and a patient advocate. A new team, Team Four, has seven MAs and providers and four nurses. Two of the teams involve residents.

MAs typically rotate through two main roles: 1) floor MA and 2) medical interpreter. Prior to 2012, MAs also used to rotate through the role of unit clerk. However, the organization reassessed workflow and determined that the role of unit clerk needed to be a dedicated position.

MAs begin the day by taking part in a huddle with their physician to discuss what is needed for the day's patient visits. MAs room patients, check their vitals, and document their chief complaints in the EHR using tablet computers that they carry with them. MAs are also often called upon to assist with minor procedures.

MAs are required to be bilingual in order to obtain employment at FHCW. Their ability to interface effectively with the patient population is an important qualification of employment.

MAs used to be called upon to serve as informal interpreters. Now MAs only serve as interpreters if they have been formally trained for

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that role. The interpreter role requires a major shift from serving as a patient advocate to serving a more objective function that involves verbatim interpretation of patient's comments to the physician and the physician's comments back to the patient, based on protocol. MA interpreters stay in the exam room through the entire patient visit.

MAs also discharge the patient at the end of the visit.

The FHCW also has a stand-alone call center with dedicated nonclinical staff who schedule appointments and direct calls to the different clinical teams.

Challenges

This initiative was modeled after a successful career ladder initiative for nursing home workers (the Extended Care Career Ladder, or ECCLI).[2] However, the partnership found that MAs' working conditions presented unique challenges. MAs are employed in smaller numbers in more disperse settings, which makes it difficult to pull together enough MAs at any one place and time to fill a class. It is difficult to get MAs to attend classes after work hours, especially if they have to travel off-site, because many have home responsibilities or other jobs. Although training on-site during work hours may be ideal for MAs, many clinics are understaffed, and with just one shift per day, training during work hours can be costly in terms of lost productivity.

Initially, many MAs were intimidated by the academic environment and would not travel to QCC to attend orientation sessions for the Pre-health Program. The partnership designated an on-site coach to help MAs navigate college and work or school balance. This individualized and accessible case management approach was much more successful in getting MAs to enroll than previous efforts had been.

The short timeline of the grant propelled the partnership to make use of pre-existing training resources previously developed by the MassAHEC. However, there was debate among the collaborative partners about whether these were really the most useful skills for MAs to learn. CHC providers indicated a greater interest in improving MAs' clinical skills in their existing roles as MAs rather than providing them with new skills for dual roles. Consequently, the enhanced clinical skills classes were developed to address these needs.

The idea of training MAs to serve as interpreters originated from a desire to better utilize existing staff, but having MAs stay through the visit for interpretation has required extensive revision of workflow and recruitment of additional MA staff to cover for MA-interpreters. In addition, some MAs thought to be bilingual could not pass screening tests to serve as interpreters.

Due to the recession, administrators could not develop an extensive career ladder. They were concerned about raising MAs' expectations for advancement as their skill levels increased. Also, the promotion of a few MAs to the MA mentor position had created dissension and competition rather than increasing job satisfaction.

MA Career Impacts

Around 2010 or 2011, the FHCW wrote a new job description and promoted three MAs to the MA II step. This position entailed additional responsibilities and an 8 to 12% increase in compensation. By 2014, the Supervisor/Mentor Program, which originally had been regarded as the most sustainable element of the grant, had been discontinued due to staff turnover and a reassessment of workflow and roles in the lead-up to PCMH certification.

Completion of the interpreter training and/or the patient navigator/community health worker training did not provide any pay raise, but it did give MAs the option to become certified, an opportunity that improved their future career prospects. The interpreter training proved valuable in improving communication and patient care. MAs commented on how they enjoyed learning more medical

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terminology in their native language and improving their language skills in general. Setting boundaries with providers was a new and empowering experience for many MAs. As of 2014, the FHCW was still sending MAs to be trained as medical interpreters, and this training and the medical interpreter role have been retained as important components of the FHCW model.

Partnership members also noted that the training programs had introduced some MAs to the community college for the first time. It was hoped that the exposure might make them feel that a college education was an achievable goal. Although the curriculum for advanced clinical skills developed in conjunction with Quinsigamond Community College is not currently in use, two of the MAs who attended the Pre-health Program at Quinsigamond are now working with the FHCW in advanced roles—one as a nurse and the other as an MA II—while completing a nursing program.

Moving Forward

Since 2011, FHCW has undergone a period of rapid growth. In December 2013, it qualified as a Level 2 Patient-Centered Medical Home.

Using a New Markets Tax Credit transaction and a $5 million HRSA Capital Development–Building Capacity Grant, the FHCW was able to renovate part of the aging Worcester City Hospital campus within which it is located and to bring on a new primary care team, Team Four. Team Four includes seven primary care providers, seven MAs, and four nurses—a blend of pre-existing and new-hire staff.

The renovated floor and new team have allowed the FHCW to experiment with new spatial arrangements. The remodeled space allows for colocation of MAs, RNs, and providers in an open seating arrangement. There are no private offices for providers or staff, but there are group rooms staff can use to work with patients or each other to collaborate on care. There are also 20 exam rooms for this team, in contrast to the six exam rooms per team that the rest of the FHCW uses. This expansion, which includes dental, pharmacy, and vision services, will allow the FHCW to serve 8,000 new patients per year.

The new team also uses a somewhat different workflow in which the MAs stay with the patient throughout the visit, including the exam, whether they are serving as formal interpreters or not. MAs set up the visit for the provider and work with the patient to gather information prior to the exam. The clinic is looking at the possibility of having someone, possibly an MA, scribe through the visit.

Through a second New Access Point Grant, the FHCW was able to open a satellite medical center in nearby Southbridge in March 2014. So far the site has a small team of one provider, one MA, and office staff.

Although these changes are the outcome of new funding available through the Affordable Care Act (ACA), the work of the partnership helped start the process of reexamining MA roles and exploring ways that they would fit into the Patient-Centered Medical Home team. Recent turnover in clinical leadership and staffing led to the creation of a new clinical educator position to take on competency assessment and long-term planning for RN and MA training.

The partnership also helped lay the groundwork for more extensive collaboration among workforce developers, educators, and community health centers. For example, the Massachusetts League for Community Health Centers and the MassAHEC Network central office are working together on a curriculum addressing training MAs for new roles in community health centers. This 50- to 60-hour curriculum includes material on working in teams, panel management, population health, and other skills to supplement the more traditional training MAs receive in their medical assisting programs. The MassAHEC is exploring ways to implement the training across community health centers using a train-the-

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trainer method. It is also looking at ways to help community health centers analyze the cost of turnover when considering investments in staff development and training.

Through these efforts there is a greater shared recognition of the importance of frontline workers in community health centers. This awareness is especially significant as the role of community health centers in providing care is receiving more attention as the Affordable Care Act is being implemented.

Notes

[1] Cragin, L., Ferguson, W., Bohlke, J., Johnson, D., Dyck, J., Pernice, J., Bailey, L., Savageau, J. (2010). "Recruitment and Retention of Primary Care Physicians at Community Health Centers: A Survey of Massachusetts Physicians". Worcester, MA: MassAHEC Network; Massachusetts Department of Public Health, Primary Care Office; Massachusetts League of Community Health Centers; Center for Health Policy and Research.

[2] Dillon, R. and Young, L. (2003). "Creating Career Ladders in the Extended Care Industry: The Role of the Massachusetts Community Colleges in the Extended Care Career Ladder Initiative" Boston, MA: Massachusetts Community Colleges – Executive Office

Acknowledgments

Innovative Workforce Models in Health Care is a series of case studies showcasing primary care practices that are expanding the roles of medical assistants in innovative ways. Profiled organizations are implementing practice models that improve organizational viability and quality of care for patients while providing career development opportunities to frontline employees. This research is funded by the Hitachi Foundation as part of its Pioneer Employers Initiative.

Special thanks to the staff, providers, and administrators at the Worcester Family Health Center, Inc., and to the staff at the MassAHEC Network for their ongoing assistance with this project.

To read the full 2011 case study, please see Workforce Collaborative Trains Medical Assistants to Enhance Care at Community Health Centers

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