



Medical assistants Health care's facilitators of change

“Why is your medical office designed and run the way it is?”

“That’s the way it was when I got here.”

By Mark Harris

That’s often the answer Chuck Kilo, MD, MPH, fellow of the Institute for Healthcare Improvement (IHI), hears when this question is asked of participants at health care conferences and seminars. It’s also an answer that may help explain why many physicians’ offices do not always perform to their optimum potential.

The IHI would like to change that. In 1999, the Boston-based, nonprofit group launched the Idealized Design of Clinical Office Practices (IDCOP) initiative, a national undertaking that seeks to bring a new, innovative focus to the design and function of the office practice.

Certified Medical Assistants have a strong role to play in any quality improvement endeavor. The IDCOP initiative in particular recognizes

that effectively utilizing the skills, training, and professionalism of medical assistants is a cornerstone of a well-run practice. Unfortunately, the skills of medical assistants often remain underutilized in many doctors’ offices. But as groups such as IHI forge new approaches to office design and operations, medical assistants can expect enhanced opportunities to make their impact felt as vital members of the health team.

Medical assistants team up to create change

Unfortunately, many physicians' offices suffer the strains of working in overburdened, less than efficient systems. The ideal of the calm, nurturing environment one might expect of a health care facility is often far from the norm. Instead, we hear of overworked, underappreciated medical assistants and nurses, long waits, and patients who walk away less than satisfied, if not with the appropriateness of care, then with the process of getting it. Is it any wonder that health care has earned a popular perception as one of the "burnout" professions?

The IDCOP initiative seeks to remedy such strains, going beyond patchwork solutions to address performance as a *system design issue*. It's an ambitious leadership challenge, for sure. It's also an initiative that recog-

“ It has been our hiring policy for several years to hire only Certified Medical Assistants as we believe this helps to ensure a level of training and professionalism that we believe our patients and providers expect and deserve. ”

—Randi Burnham, Bellin Medical Group, Green Bay, Wisconsin

nizes the vital role medical assistants have to play as facilitators of innovation and change. In fact, IHI's efforts to rethink the way offices are organized and run offer medical assistants a vision of a more engaged, nonhierarchical environment, one characterized by greater autonomy, responsibility, and opportunities for professional growth.

Like most quality improvement initiatives, the IDCOP model promotes a *patient-centered* care philosophy. But it's a patient-centered approach rooted in a firm understanding of the value of

relationships on every level. "We want to change care from being visit-based to being *relationship-based*," explains Kilo, who is also CEO of the 6-physician GreenField Health System in Portland, Ore. "The relationship has to be not just with patient-physician, but with the patient and the whole practice. In our practice, that basically means with physicians and medical assistants. We also understand that the relationship between our patients and our medical assistants is in many ways as critical as it is between ourselves as physicians and our patients."

In other words, *patient-centered care* means *team-centered care*.

The IDCOP model puts patients first

The IDCOP model begins with the notion that any team-driven redesign effort must be framed around a single,

clear statement of purpose. Of course, if the office practice is (or should be) primarily about patient care, then launching a redesign initiative offers the opportunity to reaffirm or define more succinctly the goal of putting patients first.

Accordingly, the IDCOP model is built around 4 key themes that characterize the design and function of the ideal office:

Access. Patients have access to the care and information they need when they need it.

Interaction. The interaction between the patient and the care team is personalized and meaningful, and often enhanced by technology.

Reliability. The practice provides only safe and effective care.

Vitality. The practice is financially successful, its employees are happy, and it fosters a spirit of innovation.

In essence, these themes are designed to capture the ideal of an office practice that offers patients highly rewarding, timely, and personal care. Likewise, if improvements are needed, patients of the ideal office can trust that the practice is able to change and grow as necessary.

Medical assistants as patient liaisons

For the medical assistants at GreenField Health System, a *relationship-based* practice means that medical assistants function more as patient liaisons, ensuring that the care of each patient under their assignment is properly managed as the patient moves through the system. Accordingly, GreenField designates its 3 medical assistants as *health coordinators*.

"When patients arrive, there's no check-in process," explains Jamie Sharp, CMA. Instead we're there to greet them and escort them. If they call, they speak directly to us. We all answer our own phones. We also handle the billing at the end of their visit. It's much more of a personal touch."

Sharp and the other health coordinators are as much the face, voice, and spirit of GreenField to patients as the physicians whose clinical expertise the patients seek out.

Sharp, who has been in medical assisting for 6 years, says it's also a welcome change. "In a typical practice, you don't have more than a few minutes to get the patient into a room, get their vitals, and get out because the physician

is running behind. Then you go and do the same thing over again. Now, if a patient has something going on in their life that they want to share with us, they can. The patients here are more than just a vital sign we're entering into the chart. They appreciate it, and so do we."

Medical assistants "run the shop"

According to Kilo, the GreenField culture offers a more egalitarian hierarchy, with everyone on a first-name basis and weekly, open-exchange-style office meetings. The health coordinators also hold their own meetings, and have the authority to take action on all manner of issues as they arise. "In many ways, our medical assistants run the shop," declares Kilo. "They are intimately involved in process issues. Of course, if it's a case where they want to spend a lot of money, they'll come and ask me about it. Otherwise, they're on their own. Basically, they play a major part in telling us what to do, where to be, and what's going on."

The GreenField culture also puts a premium on addressing issues as they occur. That means giving staff more ground-floor, decision-making authority. "In a redesigned practice, there are other avenues to taking care of patients besides making 20 appointments for the first half of the day," says Sharp. "If a patient has a question over the phone, for example, we're often able to put them right through to the physician, rather than playing phone tag or taking messages." Same-day appointment scheduling also helps, says Sharp. "Our philosophy is if we can focus on the problem at hand right now, and get it taken care of, it's much easier for everyone. There is just a lot more economy in this sort of practice."

Sharp views GreenField's growth as dynamic, an evolving improvement journey that invariably requires openness and opportunities for fine-tuning. When the practice first incorporated in

2001, for example, one of the original goals was to assign health coordinators to specific patients, as opposed to specific physicians. This meant each coordinator could potentially work with all 6 physicians. "Unfortunately, as the practice has gotten busier, it became harder for us to maintain our habit of care, working with the entire physician staff," Sharp remarks. "Now, each coordinator is assigned only 2 physicians. It's a bit of a compromise, but one that helps our efficiency."

“ CMA’s, appropriately trained and incorporated into a well-designed care team, are vital members of that team. They are capable of providing a tremendous amount of cost-effective services and resources to patients. CMA’s must be critical members of any well-run, efficient, patient-centered practice of the future. ”

—Chuck Kilo, MD, MPH, GreenField Health Systems, Portland, Oregon

Medical assistants empowered to use their skills

In a sense, the IDCOP model represents a natural outgrowth of earlier quality improvement (QI) activity in health care. Original QI efforts largely focused on identifying specific best practices and building change through small, isolated process improvements. The more encompassing system redesign now being envisioned takes improvement planning to a more holistic level and is increasingly dependent upon a supply of well-trained, high-caliber medical assistants.

Currently, IHI works with about 35 office practices, helping them to implement different components of the IDCOP model. The IHI's goal is to make across-the-board improvements

in organizational, financial, and clinical measures, from access to care and scheduling issues to implementing electronic medical records (EMR) or other improvements. The results so far are promising.

"If we're going to conquer the challenge of the health care system, we have to optimize every single person's role," Patricia Rutherford, RN, MS, vice president of IHI concludes. "The IDCOP initiative is built on the concept of establishing effective care

teams, or clinical microsystems, that utilize every individual's skills to the utmost, while fostering good collaboration among members of the team. The key right now for practices is to get the right people into medical assisting jobs, and then help them develop skills to complement or fill the important needs they will serve on the team."

Case in point

One clinic that has taken quality management innovation to new levels is Evergreen Woods at Norumbega Medical Center in Bangor, Me. Under the leadership of Charles Burger, MD, Evergreen Woods has built an outstanding reputation as a pioneer quality management innovator. The clinic has established a philosophy that since the

mid-1990s has offered growing opportunities for medical assistants. Not surprisingly, the clinic has what some would consider a rather arduous hiring procedure, with potential new hires eventually interviewing before the entire practice. But it's consistent with Evergreen Woods' team-focused culture, and the high expectations it has of its medical assistants.

“The higher functioning, cross-trained CMA is essential to our success in achieving the high productivity with excellent quality we have in our office. It also allows them to become active partners with the providers in the continuous improvement process that is necessary.”

—Charles Burger, MD, Evergreen Woods, Norumbega Medical Center, Bangor, Maine

The Norumbega practice has especially been an innovator in using systems software (developed by Burger in collaboration with a private company) to provide information-gathering and triage systems that rely heavily on the skills of medical assistants.

“A patient who comes in with an acute headache, for example, might expect to undergo a neurological exam,” remarks Linda Turner, clinic operations director. “In such cases, the medical assistant will collect the usual information about blood pressure, height, and weight. But they may also ask the patient a series of questions based on protocols for that particular problem, using a diagnostic and knowledge management software program that's a part of our practice. Additionally, they might direct the patient to perform some heel-toe, gait or other exercises, recording the results for the doctor.”

The software program allows medical assistants to gather information in a sequential, standardized fashion, and

it's a significant timesaver for Burger, who enters the exam room already informed of important data. As well, medical assistants use a decision support program to help them schedule proper time allotments for patient appointments. There's also a customized electronic triage system (ensuring patients never receive a busy signal) and a separate scheduling center

(allowing patients to check out quickly, instead of being held up at the front desk). These improvements are all part of an office culture oriented to innovation, and designed to empower staff to work effectively and efficiently, without the burden of micromanagement.

Advocates for the profession

“The subheader for our larger design goals is that clearly, we see there is an important role for medical assistants in the care teams of the current and the future,” concludes Rutherford. “We can't afford to see medical assistants as add-ons, but as the essential components or spokes in the system of a good, optimized care team that they are.”

That's good news. Of course, it remains up to medical assistants to seize whatever opportunities are on the horizon and run with them. For those who currently work in offices that they believe might benefit from system redesign, Turner's advice from her

experience at Evergreen Woods is simple—get the physician involved.

“Without the doctor's buy-in, these things just don't work,” she says. “For their part, physicians have to understand how systems design ideas can help them to function at a higher level when they're with a patient, instead of spending their time collecting information that could be collected by someone else already trained to do so. That's the most important thing. I believe medical assistants can do a lot to convince their physicians that they can help them more.”

Similarly, Kilo urges medical assistants to become more actively engaged in promoting better conditions for their profession. “Frankly, we know that what CMAs experience is often suboptimal work experiences. The turnover rate in medical practices is extremely high, and they don't tend to be particularly joyful places to work from the human experience perspective. Unfortunately, very few practices are really focused on growing CMAs, growing their skills, furthering their careers per se. The Idealized Design initiative by contrast says the only way you can take great care of your patients is to take great care of your employees.

“If you look at the scope of practice, however...what you realize almost universally is that medical assistants and nurses function far below what they are [trained] to do. To change this,” concludes Kilo, “medical assistants need to be strong advocates for themselves. It's up to them to speak up for their profession, to demonstrate that they can help to improve the practice's overall efficiency in a very safe manner—one that improves patient satisfaction and other outcomes of the practice, including the physicians' efficiency.” ■

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