

WellMed's Medical Assistant Training Program Prepares Students for Health Care Career Ladder

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ABSTRACT

In the course of rapid expansion, WellMed Medical Group found itself hiring increasing numbers of medical assistants (MAs). However, quality and turnover issues with the existing pool of externally-trained MAs inspired the organization to develop its own medical assistant training school. The school's high placement rate and low cost, in conjunction with the medical group's generous tuition reimbursement program, provides graduates greater opportunity to pursue advanced health care training and a potential career ladder.

WellMed's Elvira Cisneros Senior Community Center on SW Military Road in San Antonio is full of energy and activity on a Monday morning as more than 50 seniors play ping-pong, sing with mariachis, work out, polish up their computer skills, check their email, and socialize. Free to seniors 60 and older, the center features state-of-the-art exercise equipment, a variety of exercise programs, dance and yoga classes, computer room, Wii fit room, and a small library. A nutrition center/dining room sponsored by the City of San Antonio provides lunches on a donation-basis.

The Center is co-located with a WellMed clinic where those seniors who are WellMed patients can go to receive medical care. Not all Center members are WellMed patients, but they can obtain assistance in finding a primary care physician through an onsite Community Outreach Office.

The SW Military Road site provides an illustrative introduction to WellMed's overall philosophy, which is proactive prevention-focused health care for seniors with connection to additional wellness services.

The Center is also co-located with WellMed's brand new Medical Preparatory School of Allied Health (MedPrep). Just a wall away from the busy Center activities, two cohorts of future medical assistants

Practice Profile

Name: WellMed Medical Group and Medical Preparatory School of Allied Health

Type: Physician-owned medical group with affiliated medical assistant training school

Location: 27+ clinics in San Antonio, Texas and additional clinics in Florida

Staffing: Approximately 1500 staff and providers in the San Antonio area¹, including

- ≈ 69 physicians
- ≈ 21 NPs/PAs
- 700 Support Staff, including
 - ≈ 27 case managers
 - ≈ 27+ health coaches
 - ≈ 200 medical assistants

Number of Patients: 100,000

Annual Patient Visits: 350,000

Patients Demographics: The majority of patients are age 65 or older (>80%). Most are enrolled in the Secure Horizons Medicare Advantage plan. About 68% of patients are Hispanic, 20% are Non-Hispanic white, and 12% are African American. WellMed also serves a number of patients that are former military personnel.

(MAs) train to work with patients like the seniors next door. The quiet air of determined concentration in the classroom contrasts and yet complements the pleasant bustle of the neighboring Senior Community Center.

MedPrep is a new kind of endeavor for WellMed. In-house MA schools are not common in health care organizations. Clarian Health's successful medical assistant training program, the only hospital-based medical assisting program in the nation, closed in 2009 due to the faltering economy and the need to reallocate educational resources.ⁱⁱ Other health care organizations have partnered with training institutions, usually community colleges, to upgrade existing employees or train new recruits to become medical assistants.

Background & History

WellMed Medical Management was founded by Chairman and CEO Dr. George M. Rapier III in 1990. WellMed is the largest physician-owned management company and medical group in South Texas and is expanding rapidly.

WellMed is innovative in many respects; having developed its own model of patient-centered care in the late 1990's and early part of the 21st century. The organization describes this model as "The WellMed Way", which is about making the patient the center of the care team. There is a strong emphasis on customer service and providing quality patient care along with coordination of all aspects of the patient's care, whether in the clinic, a hospital, a specialist's office or at home.ⁱⁱⁱ

WellMed has developed and promoted disease management, chronic care, and preventive programs for seniors that have curbed costs and improved patient outcomes. WellMed underwrites prescription drug costs for patients, and provides free transportation to and from medical appointments. While this has required a large upfront investment, it has eliminated two barriers to care—transportation and prescription drug costs—realizing cost-savings in prevention and decreased hospitalization. WellMed utilizes nurse health coaches to educate and mentor chronically ill patients, teaching patients to manage their diseases. Social workers and referral specialists help coordinate care for patients and assist them in accessing additional community services. WellMed patients also receive a bracelet or keychain with a

USB port for access to a summary of their electronic medical record via a secure webpage.

WellMed operates under full risk capitation and primarily enrolls patients on Medicare Advantage plans.^{iv} This structure has allowed WellMed the ability to pay for comprehensive patient-centered care, including patient education and coaching services provided by non-physician staff. Dissatisfied with "out-of-the-box" applications, WellMed is in the process of building its own customized EHR (Electronic Health Record system). Its utilization of the IT infrastructure has allowed it to access and analyze detailed costs and outcomes data adjust its services accordingly.

MA Roles at WellMed

WellMed Medical Group depends on highly qualified staff sensitive to the needs of its senior patient population. This includes a large and growing number of medical assistants (MAs). In recent years, WellMed has become one of the largest employers of MAs in the region.

MA roles at WellMed are relatively traditional but are evolving over time along with the organization's patient-centered model of care. MAs usually focus on front or back office duties. At one point, some of the smaller clinics experimented with rotating MAs between front and back office responsibilities, but they found that MAs often expressed a strong preference for one role or the other. Back office MAs are generally paired with one provider while front office MAs or unit clerks work for the entire clinic.

New MAs may "float" between clinic types and front and back office duties until they find their niche in the organization. New MAs often start out with front desk responsibilities until there is an opening to work with one of the physicians, at which point they may choose a back office role.

Front desk MAs or unit clerks greet and register patients in the waiting room, verify insurance, collect co-payments, answer most phone calls to the clinic, schedule appointments, take phone messages, and process incoming faxes. They may also arrange transportation for patients.

Back office MAs room patients, take vital signs, ask the patient about the reason for the visit, enter information into the EHR, and prepare the patient for

the visit. They also administer most of the injections and medications and conduct medication reconciliation, especially for patients coming out of hospital or emergency room, and perform EKGs as needed.

When the provider takes time off from clinical duties for administrative work, the back-office MA researches any gaps in patient care, making sure each patient's labs, tests and screens are up-to-date. MAs also initiate referrals for patients.

Care Management: The WellMed model of care includes a primary care physician, who coordinates all care for a panel of patients. The services of WellMed's primary care providers are supplemented by a growing number of in-house specialists who rotate through their clinics. Each clinic has an RN care manager, and 1-2 RN or LVN (licensed vocational nurse) health coaches to work with patients on self care-management. MAs assist in screening patients to determine whether they need health coaching and do some limited work with patients around self-management goals according to the level of patient activation. (See explanation that follows.)

The patient population is stratified and coded red, yellow or green during each visit by their individual physician based on medical condition and care needed. While all staff work together to improve patients' health, this stratification helps determine who should work with the patient on self-management goals.

- 1) Red - These are patients who are usually high acuity and require frequent visits or close monitoring. Clinicians: Physicians and Health Coaches.
- 2) Yellow - These patients do not require as close monitoring as the RED patients but have conditions, lab values, or events that are not completely under control such as high blood pressure or diabetes. Clinicians: Physicians, Health Coaches and MAs.
- 3) Green - These patients have a good awareness of their own health care needs and have any chronic conditions under control, requiring little guidance regarding care. Clinicians: Physicians and MAs.

An MA described a typical patient visit as including 5 minutes of preparation with the MA, a 20 minute exam with a physician, and an additional 5-10 minutes with the MA at the end of the visit to review patient education material and ways to meet self-management goals unless the patient's diagnosis required the services of a LVN or RN-level health coach.

The Medical Preparatory School of Allied Health

As Well-Med grew and developed its care model, administrators began to realize that the specialized nature of their business required MAs with a higher level of knowledge, skills, and professionalism than was being taught by San Antonio's numerous private medical assisting schools and programs. WellMed clinic managers often found that MA candidates lacked real clinical experience and had insufficient customer service skills. As WellMed's education director noted, "We all felt that the tech schools were charging too much money and doing a poor job." While the organization provides new employees with a week-long orientation and monthly topical trainings, these were not enough to overcome what clinic managers observed as a fundamental lack of adequate preparation. They felt that this lack of preparation resulted in a somewhat high turnover rate during the first three months of employment.

Developing a Medical Assisting School

WellMed's corporate administrators decided to develop an industry-driven medical assisting school. WellMed would hire the best of these students, who would then be well-prepared to work in the WellMed environment. Any remaining graduates for which there were no openings could either volunteer and wait for openings at WellMed, or seek jobs with other health care organizations.

Besides the imperative of developing better-qualified MAs for the organization, WellMed wanted to insure that their students had the option of a career path beyond medical assisting. They found that the high tuition charged at most private medical assisting programs left graduates too encumbered with debt to continue their education. They hoped to be able to offer a more affordable program.

Administrators began planning the new program in 2008. They hired a new education director who met

with staff from the clinics to discuss their needs for medical assistant skills and competencies.

Planners of the initiative also visited the other medical assisting schools in San Antonio to see how they were conducting their programs. They interviewed physicians and administrators at WellMed about which schools provided the best-trained MAs. They found that the San Antonio Community College (SACC) had what they considered the best program. Rather than compete with SACC, they decided to partner with them and now share board members between institutions. The new WellMed program would become known as the Medical Preparatory School of Allied Health, or "MedPrep", for short.

However, unlike the established SACC program, MedPrep was not yet accredited and could not obtain federal loans for its students. Instead, it worked to develop community partners who had obtained funding for job-training. This way they could bridge the period between start-up and accreditation.

"Most of the MA schools are selling MA as the end of your career; MA is the beginning of your career in our clinics."

-Lee Garner, Education Director-

Developing the Curriculum

The corporate level staff put together a board for the new school that included WellMed administrators and physicians as well as representatives from the SACC. With the assistance of the education director, the board drafted a 10-month curriculum. They worked to develop a curriculum that was more realistic and applicable to their clinics. Topics include clinical and clerical aspects of medical assisting as well as career development, patient education, and communication for health professionals.

The curriculum includes an ambitious agenda of guest speakers including at least 10 clinicians or providers, one in every module of the 10-month program. The clinician guest speakers help students get a better idea of how the skills they are

acquiring will be applied on the job.

Board members interviewed medical assistants about their training, and found that many had never had any real hands-on training in clinical work or competency-testing in their MA programs. The board decided to incorporate *two* externships—one covering clerical skills and one covering clinical skills. The board also developed a comprehensive competency check-list for the administrative and clinical externships.

An externship is a supervised placement intended to give medical assisting students hands-on experience in a clinical setting. Most medical assisting schools require one externship. In many of these programs, students can graduate whether or not they do well in their externship. The WellMed program holds students to a higher standard.

The school also had to insure that the new program met state and accredited agency models so it could become eligible for federally guaranteed student loans.

MedPrep began offering classes in December of 2009 to an initial cohort of nine students.

The school has since started two additional cohorts of students. Ideally, it will graduate three cohorts a year. The MedPrep school is growing slowly and deliberately. It has not conducted extensive advertising as it is awaiting accreditation and receipt of federally guaranteed student loans.

School in Session

WellMed located MedPrep in the southwest corner of San Antonio because this location is accessible to many potential students. Co-locating the school with the Senior Center and a clinic allows students to practice working with the senior population, providing basic medical screening and medication reconciliation services. This serves as training for the MAs, a service to the seniors, and an outreach tool for WellMed.

The teaching facility is well-furnished with up-to-date equipment and supplies. One enters through a front lobby with a reception desk to the right and director's office to the left. The facility includes a sizeable teaching lab, an observation room, 2-3 classrooms, a break room, and a mock storage

room stocked with the typical medical supplies the MA would encounter in the clinic setting.

“Our instructors were great; we could call them on their cell. We had one instructor for everything. She was our friend, our teacher, our confidant, our mom. That was the best thing for me.”

*-Niketa Baltimore, Unit Clerk,
Certified Medical Assistant-*

The hands-on simulation lab is also set up like an exam room in a regular practice, except that it is much larger to accommodate several students. Here, students can practice giving injections and other clinical skills. Students do a lot of role playing, and the small class size facilitates individualized attention and support.

Beyond the lab, the observation room is a small exam room behind a sliding glass door which includes an exam table. It is situated in a small classroom that includes auditorium-style seating. This is where students attend guest lectures and live demonstrations with physicians and other clinicians.

Classes take place from 8 am to 1 pm Monday through Friday. Students take classes that address both clinical and administrative skills. A final class focuses on career development and includes topics such as seeking employment, job readiness, time management, and other skills students might need to be successful in obtaining and retaining a job in this field.

Students are required to complete two externships of 130 hours each. Externships match the curriculum being covered and each is followed by a competency evaluation. During the first 4 months there is an administrative curriculum followed by an administrative externship halfway through the program. During the latter part of the program, courses focus on clinical skills, followed by a clinical externship. Many students choose to do their externships at WellMed as many hope to obtain jobs with the organization.

After graduating, students are encouraged to obtain certification. Students can take the test for the National Center for Competency Testing (NCCT) certification onsite with a proctor. The school offers study sessions to prepare students for the test.

Resources

Development Costs: MedPrep started with just one FTE—the education director—who developed the initiative over the course of approximately one year.

In Texas, a school must be licensed before it can recruit students. A school must have space, equipment and a financial support document establishing that it has enough funding to operate for at least one year. The licensing process for MedPrep took approximately 9 months. Once the school was licensed, they were able to hire an office manager and one instructor. WellMed secured the lease and purchased the equipment and covered all costs of hiring the instructors and staff.

The school was eventually staffed with one education director, an office manager and three instructors.

Initial startup costs were approximately \$150,000.

Ongoing Costs and Sustainability: WellMed worked with local workforce development partners to cover the tuition costs of its first three cohorts of students since it was not yet eligible for federal loans. All but two students in the three classes (cohorts) up through January 2011 have been subsidized by community partners.

Cohort 1 was subsidized by Project QUEST, an innovative job training program in San Antonio that has earned statewide and national attention as a model for local workforce development efforts. Since 1993, Project QUEST has “met the needs of San Antonio area businesses by training local residents who would otherwise be on public assistance and not in the San Antonio workforce.”^v Nine participants graduated and were hired.

Cohort 2. All but two participants in Cohort 2 were recruited through the local Workforce Investment Board, which is subsidizing all but those two students.

Cohort 3 participants are part of contract training through University Health System. University Health System is the county-owned health system and an academic medical system affiliated with the University of Texas at San Antonio. Tuition is being funded by the AARP Foundation through a program to retrain workers who are 50 or more years old. Half of the students are enrolled in the AARP Foundation's Senior Community Service Employment Program and the other half are sponsored by the AARP Foundation's job training stipend program.

The organization emphasizes that the school is "not a profit center". Tuition is low in order to make the program more accessible to students and keep them from accumulating debt that would hinder future advancement. At fees of about \$7,000-8,000 per year, the MedPrep program's tuition is around half that of many private medical assisting schools in the area.

Once fully established and accredited, the school will need approximately 15 students per class in each of its three annual classes to break even.

Challenges

MedPrep has faced some significant challenges despite its promising start. A number of political and economic factors serve as challenges, although these same factors may eventually yield opportunity. Overall the school has been able to achieve its quality goals, but is somewhat behind in its financial goals due to the difficulty in finding lenders for its students.

Sustainability: Initially, the education director was assured that the school would receive loans through Sallie Mae (Student Loan Marketing Association), the key organization originating, servicing, and collecting on student loans, both federal and private. However, by the time the school opened, Sallie Mae had closed to new schools and they could find no lenders for programs that were not accredited.

MedPrep was faced with the task of raising enough money to train its initial cohorts until it was able to go through the accreditation process and become eligible to offer federal student loans. They would either have to a) raise a lot of capital, b) depend on student fees, or c) partner with non-profit agencies that had grants for job training.

Raising more capital was probably out of the question. Depending on student fees also proved to be virtually impossible. Despite the fact that this tuition was roughly half the tuition at many private schools, most of their potential students could still not afford it.

For our demographic, \$7,000 might as well be \$70,000.

--Lee Garner, Education Director--

The education director initiated a partnership with a local workforce development group, Project QUEST, Inc., which had a pre-existing grant to subsidize tuition costs and a group of students eager for training in a health career. The next two cohorts were likewise primarily subsidized by non-profit training grants. (See "Resources" above.)

The school has only recently been able to find a temporary alternative loan service for students through Jena Mae Financial Services.^{vi} The school is now in the position to advertise its classes in an attempt to fill all 15 slots in each class in order to reach the break-even point.

Medical Assistant Trainees: Because the MedPrep school's first three cohorts have been composed of many individuals who have endured some form of socioeconomic hardship, attending college-level classes was a challenge for many. College-level courses were intimidating for some students, even with the subsidized tuition. It was difficult for some trainees to balance school and family responsibilities, especially for students with young children or those who had formerly been stay-at-home parents.

To assist with these challenges of returning to school, one of the sponsoring organizations, Project QUEST, provided case managers to assist students in the first cohort with the details of attending classes and helped them to deal with stress, self-care, time-management, and budgeting. Project QUEST also provided funding for transportation and childcare and assisted students in the first cohort in obtaining food and covering rent. The individualized attention available at the MedPrep School due to small class size and hands-on instructional methods

also helped to build student confidence and foster learning.

Participants noted that attendance at MedPrep was very high. Instructors provided students with a great deal of encouragement and support and some students formed a strong bond with other students in their cohort. Some were worried about doing their first externship because they would be on their own without support from their classmates. Over time they found that they still received support from the school staff and other students, even after they graduated.

Policy and Economy: Proposed legislation currently being sought by the US Department of Education may cut off funding to some private programs that produce too many students unable to find adequate employment to repay their federal student loans.^{vii, viii} Market conditions also supply some challenges. San Antonio has numerous private medical assisting schools all competing for the same pool of students, but the market for medical assistants in the area is reportedly saturated with more job-seekers than open positions.^{ix}

While these conditions are daunting, WellMed's MA school may find itself in an advantaged position. The school has relatively low tuition, and so far has found partners willing to provide tuition subsidies to its initial cohorts of students. The individualized attention students receive has resulted in high pass rates, high job placement rates, and high retention. Hence, its early graduates will not experience debt repayment difficulties.

Niketa Baltimore had previously obtained a degree as a medical office receptionist from a local private career school. However, she could not find employment because “everyone said they wanted medical assistants, who could do clinical as well as clerical.” Still \$8,000 in debt from her prior degree, she was determined to support her family. She applied to Project Quest and was funded to attend the first class of WellMed's medical assisting program. Upon graduation, she was almost immediately hired by WellMed as a medical assistant with full benefits.

How future cohorts of students entering the program on their own without tuition subsidies and extra case management support will fare is yet to be seen, but these early successes bode well. In working with its community partners, the school has established a track record for training and placing students who have traditionally been considered among the most challenging to train and employ.

Outcomes

Workplace Culture: Clinic managers noted that some of the externs and new hires from private medical assisting schools were poorly prepared when first hired. In contrast, students from MedPrep were able to fit right in. In general, these students were better trained and better prepared to work in WellMed clinics.

Clinic managers appreciate the degree to which the school's instructors checked in with them over their externs' and new hires' progress and the willingness of the school to accept feedback and tailor the training program to fit the needs of the clinics.

Human Resources representatives appreciate the school's attention to pre-employment requirements. Recruiting is easier because the school conducts background checks, verification of prior education, and drug screening prior to accepting students into the school. While Human Resources has to conduct additional screening for any promising applicant, they are relatively assured that they are getting a good employee if the candidate has gone through WellMed's school.

From a recruiting standpoint, the school serves to provide a pool of MA applicants. This saves Human Resources the cost of posting ads or conducting job fairs.

Retention: Historically, WellMed experienced a 30% drop-off of new MA hires within the first 90 days of employment. In contrast, they have had 100% retention with the first cohort of graduates from MedPrep.

Patient Outcomes: While it is too early to track clinical or patient satisfaction impacts from the new MA school or the management training program, WellMed has overall maintained a very successful track record in clinical outcomes because of its many chronic disease management and prevention programs. A recent study on WellMed's health

outcomes found that the organization had dramatically improved its preventive testing rates since 2000 and maintained “unusually high quality measures” overall. WellMed’s adjusted mortality rate is half the state average for people over 65.^x

MAs reported that the patients appreciated them. One described her responsibility towards patients as, “We have learned to be very patient with our patients...Helping them, respecting them, even though they sometimes yell at you. They love to talk and they need someone to talk to...”

MA Career Impacts

WellMed was ranked number five among large employers in the 2009 survey on “best places to work” in San Antonio.

Employees reported that WellMed provides good benefits and relatively high entry level wages for the area. Starting pay for a certified MA is about 10-16% higher than the median starting pay reported for certified medical assistants in the San Antonio by PayScale.com.^{xi}

“Most are not money-driven...It is the company benefits and the workplace environment that keep people.”

-Sharon Kaminski, Regional Manager-

Job Placement: All 9 students from the first cohort were placed with WellMed. Students in the third cohort are guaranteed a job with University Health Systems. Tuition for both these cohorts was fully subsidized by community partners. All but two students in the second cohort were likewise subsidized.

Theoretically the top 10% of MAs in each class at MedPrep are guaranteed full tuition reimbursement and a job at WellMed. However, the first three cohorts were largely subsidized and had guaranteed employment at the end of their course of study. This policy will become more relevant when the school becomes eligible for federal student loans and enrolls more un-subsidized students.

Certification: Certification is a job requirement at WellMed and if MAs are not already certified, they

must obtain certification within 90 days after hire or face possible termination. WellMed MAs receive a salary increase for certification, about 50 cents more per hour than the starting salary without certification. WellMed accepts certification from any one of four different agencies: 1) the NCCT or National Center for Competency Testing, 2) the AMT or American Medical Technologists, 3) NAHP or the National Association for Health Professionals, or 4) the AAMA or American Association of Medical Assistants.

Incumbent MAs can take the NCCT certification exam at MedPrep at cost. Some clinics or employers may pay the cost of the exam, but most do not as obtaining certification is considered the responsibility of the employee.

Initial cohorts of students at MedPrep were given the option of attending a free one-week review workshop right after the program ended to prepare for the NCCT exam. All of the students came, and all passed the exam. The program has now raised the tuition slightly to cover the cost of the instructional hours required for the review session. The cost of the exam is also covered in the tuition.

Benefits: MAs are eligible for an extensive range of employee benefits including comprehensive medical and dental insurance, dependent and medical care flexible spending accounts, and various other types of insurance, mental health and legal services, a 401(k) retirement plan, and wellness programs. Staff at WellMed are not part of any union.

WellMed also offers tuition reimbursement, which some MAs have used to attend employment-related programs. Employees who have been with the organization for at least a year but less than three years can receive up to a maximum of \$3,000 per year. They can receive up to \$5,000 per year if they been with the organization for more than three years. Participants must maintain a reasonably good GPA in order to receive ongoing reimbursement. In one clinic, the clinic manager reported that three MAs are in training programs: one training as an RN, one as an LVN, and one as a certified coder. Because of the investment the organization has made in them, they are guaranteed a job in the new category at WellMed once they graduate and a position becomes open.

Quality Bonus: Employees who are in good standing can get a generous bonus based on the

profit of their clinic. Clinics are rated on a number of quality measures such as screening rates for blood pressure, cholesterol, colon cancer and mammograms.

Promotional Opportunities: WellMed has experimented with different methods of rewarding and promoting MAs. The organization has recently done away with a prior subject-matter expert role that allowed some MAs to advance by serving as educators. It has now adopted a new leadership program that would allow MAs and other staff to obtain skills that would qualify them to serve as clinic supervisors or managers. (see “Future Plans” for more detail.)

Satisfaction & Aspirations: MA trainees were very enthusiastic about the MedPrep program and with their new jobs. One interviewee, whose eight-year-old daughter was initially distressed that her mother was away from home so much with school and work, said, “My daughter now says, ‘I am going to college!’ because of her mom doing this.”

Another trainee noted that participation had changed her family dynamic for the better, inspiring more teamwork between herself and her husband in managing the household and sharing childcare.

Some MAs also expressed satisfaction with WellMed's willingness to support them both financially and with flexible scheduling to allow them to attend classes. They also appreciated the difference they felt they made in patients' lives.

“It is not even so much the paycheck;
When they (patients) walk away healthy
and happy, *that* is what is rewarding.
They are grateful.”

*-Niketa Baltimore, Unit Clerk,
Certified Medical Assistant-*

Future Plans

Medical Assisting School: The school is in the process of seeking accreditation, first through the Council on Occupational Education (COE) for the institution, and eventually through The Commission on Accreditation of Allied Health Education Programs (CAAHEP) or the Accrediting Bureau of Health Education Schools (ABHES) for

programmatic accreditation. In the future, they will be able to offer students federally guaranteed student loans.

School administrators are investigating new partnerships with local workforce development groups that may allow them to qualify for state and federal grants to train additional cohorts of subsidized students while the school goes through the accreditation process.

In the short term, MedPrep can provide some additional in-house skills training for incumbent employees and the employees of other health care organizations. It already provides the opportunity for incumbent employees to test for MA certification on-site. The school will be conducting CPR training for staff at all of the clinics this year, and could potentially provide IV certification and EKG tech courses. It may eventually be able to provide additional training so that employees can obtain continuing education units (CEUs) on-site to keep their certification.

Accreditation may open many doors for the school. Administrators are exploring the possibility of developing an in-house LVN program, which would provide additional career steps for incumbent MAs. MAs who had heard of these plans were excited about the possibility of further advancement.

Leadership Training: WellMed's Human resources administrators are in the process of creating a new 9-month management development program that gives MAs, LVNs, and other frontline staff the opportunity to learn leadership, delegation, and negotiation skills; human resources processes; coaching and counseling; “managing within the law,” and quality improvement metrics.

HR staff are in the process of identifying the first cohort of ten trainees for Leadership Training. They have sent out a call for applications to the new program.

Candidates need to submit an essay and a resume and describe why they would be a good candidate for the program. Candidates also need to get references from WellMed's regional offices, a provider, and a co-worker.

The program will be delivered in the form of an instructor-led online class during work hours. There will also be coursework which must be completed on the trainees own time. They will have to read a

customer service book, and then work as a team to come up with a plan for how to implement a project. This class is projected to take up to 2 full days a month on the part of the trainee for 9 months. The trainee's clinic must be committed to covering the employee's time while she or he is in class; hence the clinic covers the cost of the training.

A total of 25 employees applied for the first ten openings. Ten of those applicants were MAs.

If an employee can successfully pass the course, s/he can apply for a leadership position such as clinic supervisor. This class can serve in lieu of the general requirement of a year's leadership experience for new clinic supervisor openings. Trainees will have to apply for the position through the normal process, but this gives them an edge over outside candidates.

The clinic supervisor position is exempt, so this would be a move from an hourly position to a salaried position with considerably higher pay than the MA position.

HR staff noted that many clinic staff cannot afford to go back to school because of financial and/or family obligations, so a nursing degree might be out of reach. However, those with enough motivation and skill might be able to become a clinic supervisor or manager as a result of attending this program.

Replication and Lessons Learned

The education director noted that the new "gainful employment" legislation under consideration in Congress will change the way private career schools do business. Schools will no longer be able to just say that they placed students; they will need to put more emphasis on *quality* placement. Their graduates will need to be making wages that are proportional to their student loans.

In the meantime, many health care organizations, at least in the San Antonio area, complain that they cannot find graduates with right skills. Hence, they are looking at the Medical Preparatory School of Allied Health as either a possible model for their own programs, or as a training partner.

WellMed's demand for the MedPrep graduates may initially exceed supply. However, the school's first cohort of graduates has such a high retention rate the education director stated that if they maintain

this level of success, they may eventually put themselves out of business.

The school's ability to adapt to changing circumstances and partner with community organizations has sustained it and garnered good public relations for both the school and for WellMed as an organization. With greater access to funding for its students, it may be able to add a career step for incumbent MAs in the form of LVN training as well as provide an entrée for new students seeking entry-level employment as medical assistants.

"...One thing that I love about being an MA and working in a clinic is that there is a lot of team work. Not only do you learn to respect every patient you see, but [you come] to care about and learn a lot from them as well. It has been a big life change for me and for my family. I am hoping to continue my education in the medical field and hopefully one day become an RN, which is my next goal to reach in life."

*-Niketa Baltimore, Unit Clerk,
Certified Medical Assistant-*

Notes

- i. Exact numbers were not available at the time of this writing; provider totals are extrapolated from 2008 numbers provided by Phillips, et al (see below), p. 68.
- ii. Email communication with Sherry Makely, Administrative Projects Manager, Clarian Health, April 2011.
- iii. Email Communication with Sharon Kaminski, Regional Manager, WellMed Clinic Operations, April 2011.
- iv. Phillips, RL; Bronnikov, S; Petterson, S; Cifuentes, M; Teevan, B; Dodoo, M; Pace, WD; and West, DR. (2011). "Case Study of a Primary Care-Based Accountable Care System Approach to Medical Home Transformation." *Journal of Ambulatory Care Management*. 34:1. p 67-77.
- v. Project QUEST website, accessed 04/16/2011: <http://www.questsa.org/>
- vi. "Jena Mae Financial is a tuition assistance servicing provider working with private career schools and colleges." See: <http://www.jenamae.com/schools.html> Accessed 04/06/2011.
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