Overview of MA deployment models

Scoped MA role: A win-win for retention and productivity

Medical assistants are a critical member of the care team, but their role and responsibilities vary across teams. As a result, MA turnover is among the highest of any health care profession. To increase care team productivity while retaining MAs, medical groups should deploy MAs in a model that limits either the volume of patients they see or the number of tasks they perform. Codifying the MA role can yield positive gains in retention and group productivity. Review a summary of these two MA deployment models below and read on for more detailed examples on the following pages.

Models in brief

	 *Model 1: Scope by volume of patients*	 *Model 2: Scope by number of tasks*
Details	• Deploy MAs as care team coordinators who provide continuous support to providers before, during, and after visit	• Scope MA role to include tasks either before or after visit
Benefits	• MAs provide in-visit documentation support • MAs develop ongoing patient relationships and play a more active role in patient care	• Staggered scheduling eliminates providers waiting on MAs to start or close a visit • Allows for leaner staffing because MAs are shared across provider panels
Implementation guidance	• Expand the MA's role beyond rooming by having them provide support during and after the visit • Keep workload sustainable by limiting the total number of patients each MA sees per day • Base MA staffing ratios on daily visit volumes • Consider adding additional MAs to a physician's team based on their productivity	• Assign each MA to either begin or close out the visit while the provider is in the exam room with another patient • Stagger visits so that the MA can begin or close a visit while the provider moves on to another • Establish a system for notifying MAs when physicians are wrapping up a visit • Each day rotate MAs between rooming and closing positions
Expected results	• Increase in panel size • Increase in patient visits • Improved MA retention	• Increase in group productivity • Increase in MA engagement • Leaner MA staff

Source: Advisory Board interviews and analysis.

Model 1: Deploy MAs before, during, and after visit

Bellin Health, a 342-provider employed group based in Green Bay, WI, deploys MAs as care team coordinators who provide continuous support before, during, and after the visit. In their new role, MAs perform tasks that traditionally fall to the physician like scribing and orders, which frees up the physician to see more patients across the day. This extended role also allows MAs to cultivate ongoing patient relationships and has led to increased panel sizes at the group.

Program details

MA scope:
Provide support before, during, after visit

Staffing ratio:
Variable based on number of visits per day

Outcomes:
Improved productivity and retention

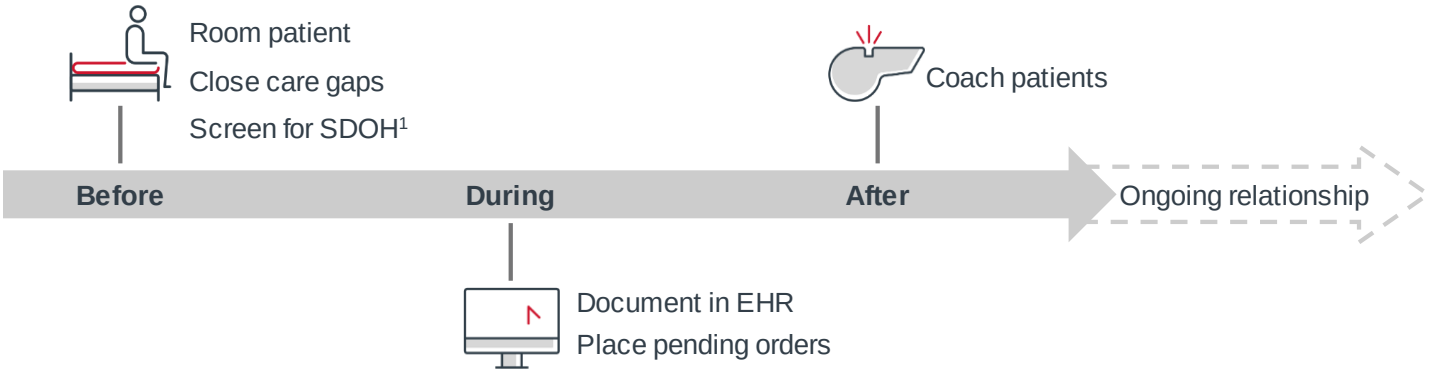
Extend MA support to during and after visit

In their expanded role, MAs stay with the patient after rooming to assist the physician during and after the visit. While the MA spends more time with each patient, Bellin keeps their workload sustainable by reducing the total number of patients each MA sees per day. To make the new model successful, Bellin added additional MAs to the physician's team based on their productivity. With additional staff, one MA can close out a visit while another MA is rooming the next, freeing up the physician to work at top-of-license and see more patients. To pay for these increased staffing costs, Bellin expects providers to see enough patients to cover the extra MA's salary (see staffing ratios to the right).

MA staffing ratios based on number of visits per day

19+ visits	2 MAs
15-19 visits	1.5 MAs
<15 visits	1 MA

Position MA as patient relationship manager



Model a win-win for group and MAs

Bellin's new MA model benefits both medical group productivity and MA retention. Across the last year, panel size and primary care visits have increased. Key to Bellin's success is that they put in safeguards, like a breakeven productivity target and scoped role, that don't just add additional work to the MA's plate. As a result, 90.2% of MAs that Bellin employs still work for the system.

RESULTS

Results from Bellin's MA deployment model[2]

5.2%	Increase in panel size	6.5%	Increase in primary care visits	90.2%	MA retention rate

1. Social determinants of health.
2. Results from FY 2018-2019.

Source: Bellin Health, Green Bay, WI; Advisory Board interviews and analysis.

Model 2: Scope MA role to either before or after visit

Confluence Health, a 400-provider employed group based in Wenatchee, WA, scopes their MA role to either before or after the patient visit. MAs are deployed in a "roomer" or "closer" role, and either begin or close out the visit while the provider is in the exam room with another patient. MAs see more patients overall but perform fewer scoped tasks so their workload still feels sustainable. This new deployment model has allowed for leaner MA staffing and improved productivity across the board.

Program details

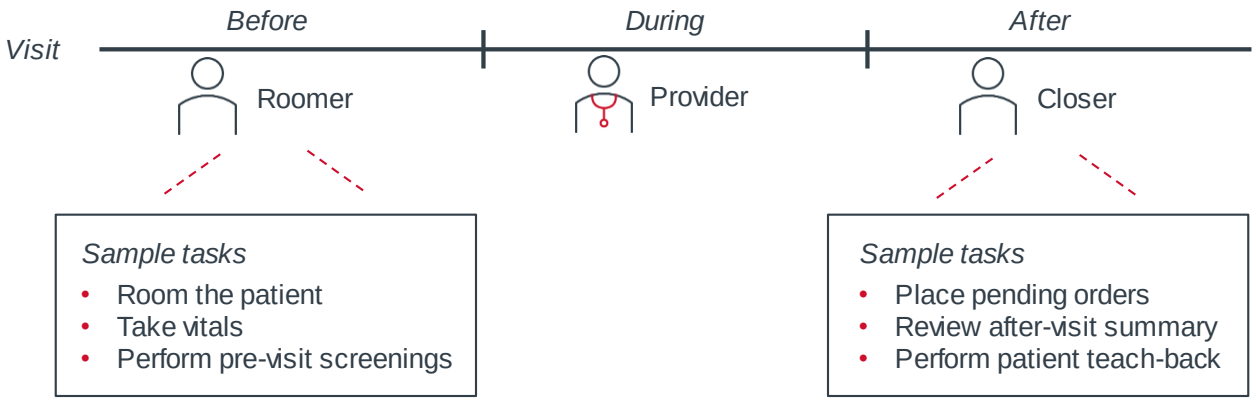
MA scope:
Provide support before or after visit

Staffing ratio:
1.5 MAs per provider

Outcomes:
Improved productivity and retention

Add a new MA role to cover post-visit work

At Confluence, each provider works with a roomer and closer MA. Roomer MAs begin the visit by rooming the patient, taking vitals, and performing pre-visit screenings. To increase productivity, Confluence added a second MA role: the closer. Closer MAs wear a buzzer so that the physician can notify them when they're wrapping up the visit. The closer MA returns to the exam room, takes the provider's place at the computer, and helps with orders and documentation while the physician finishes up with the patient. After the provider leaves the room, the MA closes out the visit by going over the after-visit summary and performing a teach-back with the patient. MAs rotate through these roles daily. Importantly, patient visits are staggered by 15 minutes so that the MA can room or close a visit for one patient while the provider moves on to another.



Evidence of win-win for group productivity, MA engagement

Confluence notes that their new roomer-closer model has improved both productivity and engagement. Because they stagger schedules, doctors don't have to wait on MAs to begin their next visit, and the group is able to boost productivity without increasing staffing costs by sharing additional MAs across providers. Confluence also reports that MAs feel more engaged in their roles.

RESULTS

Results from Confluence's MA deployment model

- Improvements in provider productivity
- MAs see more patients but perform fewer, scoped tasks
- Staff team with 1.5 MAs instead of 2
- More time built into MA schedules to complete tasks

Source: Confluence Health, Wenatchee, WI; Advisory Board interviews and analysis.