

Re-Imagining the Role of the Medical Assistant within Telehealth and COVID-19 Webinar Series

What Are MAs Doing across Health Organizations?

During the second session of this webinar series, attendees from health organizations across the nation shared how they are utilizing their medical assistant workforce. We wanted to share their ideas with you.

Front Door Screeners: We are using some of our MAs as front door screeners - asking the screening questions and taking temperatures. To our clinic, the front door screeners have the most important job in the clinic. They are boots on the ground.

Ensuring the Patient is Prepared: In our health center, we have added on the responsibility of rescheduling patients for the provider the MAs work with and calling patients to confirm appointments and confirm if they have a smart phone to do a video telehealth visit. If the patient does, we do a test to make sure it works.

Inactive Patient Panels: We have been using our MAs to work through our inactive patient panels and make calls to reconnect to our patients.

Care Coordination: MAs in our clinic are acting as care coordinators, verifying insurance and routing a patient to a primary care provider.

Visit Planning: We are using MAs to start the telehealth visit by asking about the chief complaint, doing med reconciliation, and explaining how the telehealth appointment will work when the provider calls them.

Rooming Patients: We are still using our MAs to room the patients that are coming into the clinic. For telehealth visits, the current workflow includes everything we used to do on-site, except vitals and point of care testing if patient does not have access to equipment at this time.

Advanced Team-Based Care Role: We use MAs in the full advanced team-based care role, like care gap closure, expanded rooming, documentation and EHR work, etc.

Diabetes Educator Assistance: As an MA, I work with our company diabetic educator. I have been reaching out to all the patients from our six family practices with A1C levels over eight to arrange visits. Also we've been helping our pump/CGM patients arrange remote downloads to help keep up with them if they can't come in person.

Flex Role: MAs in our clinic are in various new roles, such as screeners, medical call center agents, helping to setup prescription refills, helping at our new COVID testing site, and helping with data entry from outside medical records.

Physical Therapy Assistance: We have a physical therapist that helps educate MAs with the new skills for "exercise," including walking and some home exercise with use of food cans (reps, sets, etc.).

Ensure Efficiency in Visits: Medical Assistants at our health center are working to ensure an efficient process between the physician and the patient. Medical Assistants are screening patients at the front door before entering the building. Medical Assistants are following up on Telehealth visits to guarantee prescription refills, referrals, essentials visits, and sending off Covid-19 tests when necessary for patients. Medical Assistants are working day in and day out to guarantee a clear accessible patient to physician encounter.

Visit Pre-Calls: We are having MAs virtually room patients by doing a pre-call to go over their medications and their allergy list and confirm their phone number. We call the patient 1-3 days ahead of time to confirm. We don't call the patient the day of their appointment like other offices are doing.

Chart Review: Because of our ACO, our MAs do all the chart review and determine what immunizations/tests a patient is due for. Everything they did before except for vitals.

School-Based MAs: I am a CMA in WA State. I work for a school-based school service, so I am not doing much medical until school starts back up. However, I am the connection for my mental health counselors and students. I am maintaining communication with the school administration (2 middle schools) and the students, and I am managing their calendar appointments and schedules. I have the responsibility of obtaining all medical records that are requested by the counselors. Also, I am gathering vaccination information for next year for kiddos that will be needing them along with sports physicals at the beginning of the year.

Scribing: My FQHC uses a scribing model, and providers are making house calls - solo. They keep the MA on their phones, introduce the MA when they get in the home, and ask permission for the MA to scribe the visit. This takes the pressure off the provider during the home visit to take notes, and documentation continues just like it does in-clinic. The MAs also serve as scribes on telehealth visits.

Rotations: We are an FQHC in Nashville TN with 12 sites. Since COVID we've begun a Team A, B, and C model that rotates our MAs through satellite hub sites that support telehealth providers. Our MAs conduct the patient interview and move the patient into a virtual waiting room for the provider. The groups rotate through clinics every other week to provide a break from the frontline for them.

Ultimately, the role of the MA is a very diverse role. They should be able to switch into multiple rolls and wear multiple hats...Taking initiative is very important!