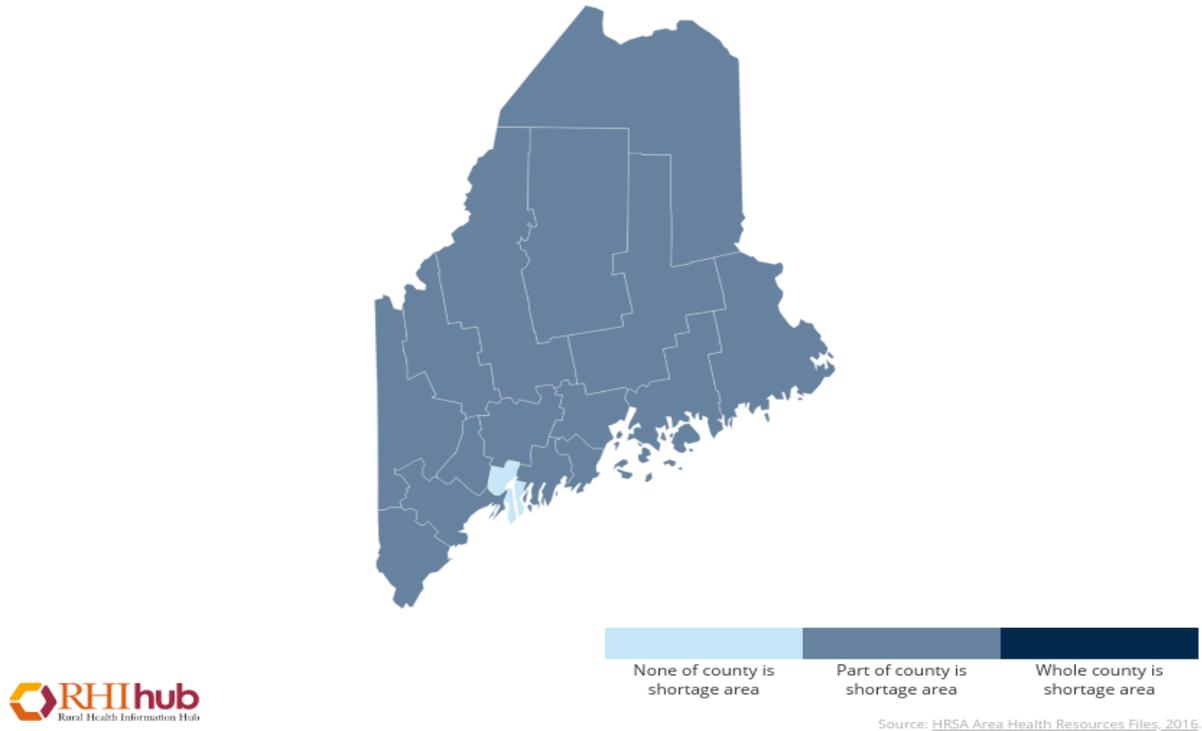


Health Professional Shortage Areas: Primary Care, by County, 2016 - Maine



## HLD XI Practicum Project Healthcare Workforce Challenges in Somerset County

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## Introduction

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Access to the healthcare is defined as the timely use of personal health services to achieve the best possible health outcomes and is critical to good health. Access to healthcare has an impact on one's overall physical, social, and mental health status, prevention of disease, detection and treatment of illness, quality of life, preventable death and life expectancy.

Primary care access, along with emergency services, is the most basic and critical service needed in rural communities. Primary care is made up of many aspects to a patient's well-being including promoting healthy living, preventive care, health maintenance, counseling, patient education, diagnosis and treatment of acute and chronic disease management. Lack of access to primary care may lead to residents not getting the preventive screenings and disease management that could lead to better health outcomes.

While it is widely known workforce shortages is a crisis felt by many healthcare communities, rural areas are at greater risk for these shortages for a number of reasons. Some of those reasons are as follows:

- Supply and demand-rural populations often have higher rates of chronic illness, which creates more demand
- Higher proportions of elderly residents, which creates more demand and less options for healthcare workforce
- Access to education/training
- Fewer opportunities for career advancement
- Licensure, certification, and scope of practice issues
- Lower wages, less competitive benefits
- Fewer job opportunities for spouses, which can make recruiting more difficult

### Scope of Work

The scope of work the project team decided to focus their efforts on was around recruitment of medical assistants in Somerset County. During the initial work sessions of our project, the team realized that the scope of work around recruitment was too broad and required us to narrow our focus to achieve the goals we had set in our team charter.

The project team reviewed data that had been collected to assess the current state as well as interviews conducted with members of the healthcare industry in rural areas to re-define the scope of work to education and training efforts to assist with recruitment of medical assistants in the Somerset County.

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## Background

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### Maine Facts:

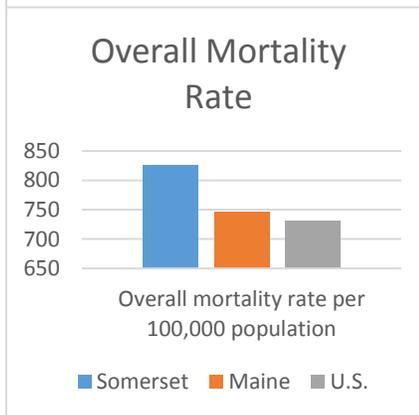
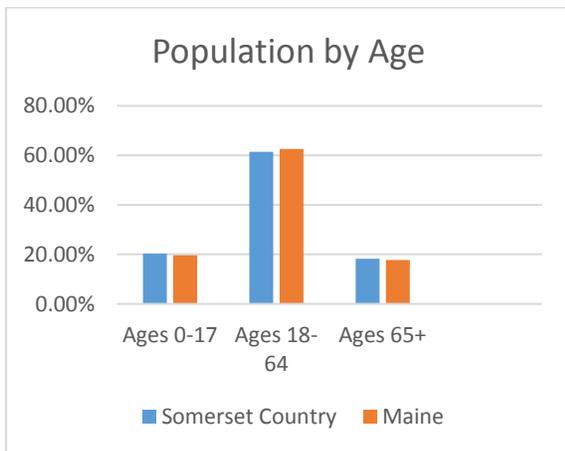
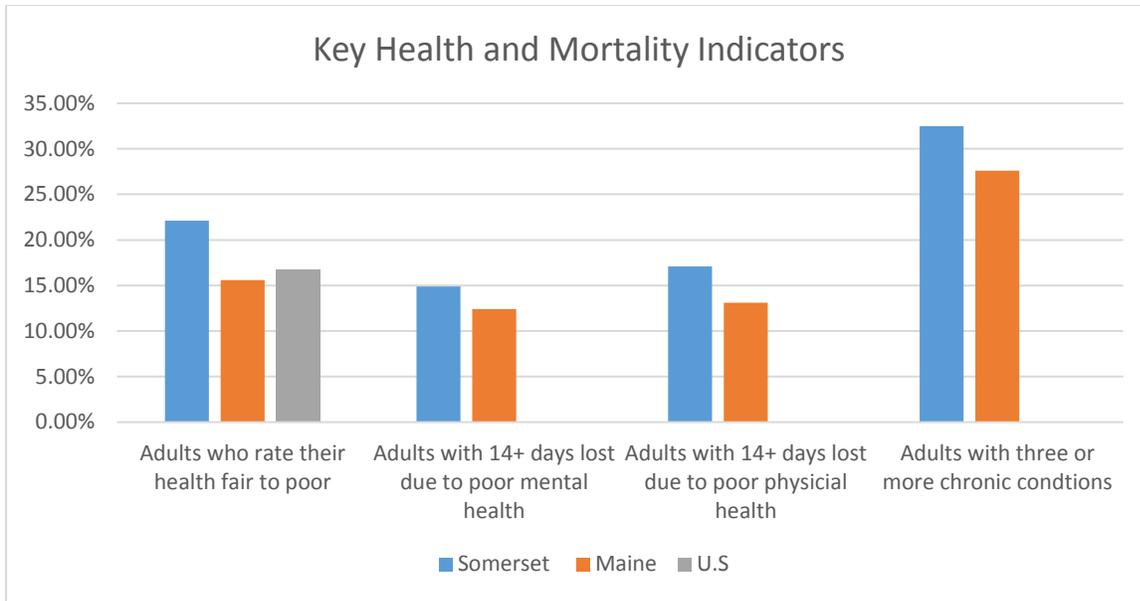
- 11 of Maine's 16 counties are considered rural.
- 552,638 residents - or 42% of Maine's population - live in rural areas.
- Maine is the oldest state in the nation and rural counties have the oldest populations.
- Rural counties in Maine tend to have higher rates of poverty and lower median incomes.
- Rural Health Care Challenges
- Rural counties tend to have fewer health care providers.
- Maine has far fewer dentists than the nation.
- Health care providers are more difficult to recruit and retain in rural areas.
- For many rural residents, inadequate transportation makes it even more difficult to access health services.
- 7% of Maine residents lack health insurance (Kaiser, 2016).
- According to the USDA Economic Research Service, the average per-capita income for Maine residents in 2016 was \$44,053, although rural per-capita income lagged at \$40,306.
- The ERS reports, based on 2016 ACS data, that the poverty rate in rural Maine is 15.1%, compared with 11.7% in urban areas of the state.
- 9.1% of the rural population has not completed high school, while 7.4% of the urban population lacks a high school diploma according to 2012-2016 ACS data reported by ERS.
- The unemployment rate in rural Maine is 4.6%, while in urban Maine it is 3.4% (USDA-ERS, 2016).

### Somerset County

Somerset County has a total population of 51,706, with age and race/ethnicity breakdowns that closely match that of the state of Maine.

According to the Rural Health Informational Hub, Somerset County has workforce shortages noted in the following healthcare sectors:

- Primary care
- Dental care, and
- Mental health



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## Current State

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Maintaining the healthcare workforce is fundamental to providing healthcare quality and access in rural areas. Rural healthcare facilities must employ sufficient numbers of healthcare professionals who are capable of meeting the needs of the community in many ways. This includes having proper licensure, education and training, and cultural competency skills. Equally important, optimizing how health professionals are used and enhancing coordination among them helps ensure that patients are getting the best care possible.

Strategies can include:

- Using interprofessional teams to provide coordinated and efficient care for patients and to extend the reach of each provider
- Ensuring that all professionals are fully utilizing their skill sets and working at the top of their license; that is, practicing to the full extent of their training and allowed scope of practice.
- Removing state and federal barriers to professional practice, where appropriate
- Changing policy to allow alternative provider types, once evidence shows they can provide quality care
- Removing barriers to the use of telehealth to provide access to distant healthcare providers

(2002–2018 Rural Health Information Hub)

The use of medical assistants has been successful in a number of the above mentioned strategies as they are versatile healthcare workers. Medical assistants play a critical role in primary care access, especially for rural areas. With their skill set and scope of practice medical assistants are considered valued members of the healthcare team, helping to improve patient care and the lives of others. Medical assistants can complete a wide variety of tasks from patient triage, patient check-ins, scheduling of appointments, obtaining vital signs, basic wound care, health educator, completing lab draws, ordering and administering some medications, and clerical work in primary care offices.

Also, when the affordable care act (ACA) was enacted in 2014, it extended healthcare coverage to more than 10 million people who previously hadn't had insurance. Coverage meant more people could afford to go to doctors and healthcare facilities. Office and hospital outpatient visits increased. This increase in visits puts even more pressure on the challenges healthcare communities are facing with workforce challenges.

Currently, there is a profound amount of information and data regarding the workforce shortage in the rural communities and some organizations in Maine are in the beginning phases of innovative ways to get more residents in Maine in a medical assistant program. Medical assistants

The Bureau of Labor and Statistics anticipated 17% growth in the industry between 2008 and 2018. Maine's DOL expects the number of medical assistants employed across the state to grow from 2,669 in 2010 to 2,932 by 2020. This expected growth has earned medical assistants ranking among Maine's "Forty Occupations with the Largest Projected Net Growth in Maine Between 2010 and 2020."

In 2013, the Maine DOL reported that healthcare support professionals earned an average hourly wage of \$13.24 and annual salary of \$27,540. Although medical assistants fall under this occupational umbrella, they earned a higher average hourly wage of \$15.05 and annual salary of \$31,300 in that same year.

### Salary and Employment Data for Major Cities Across Maine

Location	Total MA's Employed	Mean Hourly Wage	Annual Mean Wage
Portland-South Portland	1,110	\$16.75	\$34,840
Bangor	520	\$15.63	\$32,500
Lewiston-Auburn	300	\$15.41	\$32,060

*Source: Occupational Employment Statistics, May 2016*

### Challenges

While there are many known benefits in using medical assistants one of the largest barriers is lack of knowledge regarding the medical assistant programs. Many people when they think of healthcare think traditionally (Doctors, PA's, NP's, Registered Nurses, Licensed Practical Nurses, and Certified Nurses' Aides).

During interviews with current providers in the Somerset County an area of concern is lack of motivation within their own communities. Trying to help motivate the current potential workforce would be critical in continued successful implementation of programs to assist with education and training for medical assistants. Finding a way to influence the workforce on choosing a career vs a job is a priority.

## Best Practices

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Some of the current strategies being used to tackle the issue of education and training for medical assistants are as follows:

### MPCA

For over a year the Maine Primary Care Association (MPCA) has been seeking partnership with education and training entities to develop an FQHC-specific refinement of medical assistant education and training. We have landed on the National Institute for Medical Assistant Advancement (NIMAA, <https://nimaal.org/>) as a prime option.

NIMAA is a non-profit offshoot of the Weitzman Institute (<https://www.weitzmaninstitute.org/contact-us>), which fosters innovation in primary care, and specifically supports Federally Qualified Health Centers and Look-alikes. NIMAA focuses on the role of medical assistants (MAs) as essential to effective team-based patient care in FQHCs. NIMAA developed its curriculum, and education and training strategy, in response to the shortcomings of preparation for the MA role in more traditional education/externship programs.

Specifically:

- MA curricula seem to lag changes in health delivery systems, and the evolving role of MAs in primary care.
- Knowledge gaps (in no particular order) include awareness of patient centered medical home concepts and standards, patient engagement techniques such as motivational interviewing, vulnerable populations and social determinants of health, team-based care, meaningful use/MIPS/MACRA, risk-based payment models, accountable care organizations, health information technology strengths and foibles, revenue cycle management, concepts and practices to enhance patient safety and quality of care, etc.
- Ultimately, MA program graduates are often insufficiently aware of the rising importance of their role within the primary care practice as it is influenced by all of the foregoing concepts/models/requirements.
- Also, in many of our communities, prospective MAs cannot afford traditionally-structured school experiences (community college, Kaplan...) education and training programs (which typically run to five figures for an associate's degree, as opposed to NIMAA's \$6,000 for 7 month hands-on education and training in preparation to sit for a MA certification exam.)

MPCA sees a partnership with NIMAA as a way to address some urgent workforce needs that would be both strategic and accessible to health centers and trainees. Trainees would gain skills in Maine's FQHCs, get to know our populations, use our EHRs, etc. For host clinics, NIMAA can function as a "seven month job interview," generating uniquely qualified candidates for potential hire in a seven month period. The program also provides valuable professional development for existing MAs who serve a preceptors.

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Sponsored MA programs (example below)

- A grant was given to pay for the participants (\$3,000 each) so there was no cost for them.
- It's a 17 week program
- Students are able to test "out" of basic skills (Math and English) and
  - If they didn't pass then they were offered those classes through adult Ed and then had to retake the test before a certificate is given.
- They must complete 160 hours of clinical externship.
- They must pass national certification.
- The students are 100% guaranteed employment as an MA but they are not committed to FMH as they are only a sponsor.
- FMH is providing the clinical teachers in these classes at no charge-thus dropping the price from the original \$5,000 down to \$3,000. They are doing this in hopes of having first "dibs" on these students but there is no commitment.

## Recommendations

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### Medical Assistant Toolkit

The project team worked together to create a toolkit that could be used in reaching out to local high schools and vocational programs, educating the students on what a medical assistant is and how they can make it their career. The toolkit includes the following:

- Informational papers describing different aspects of the medical assistant role
- Benefits of working as a Medical Assistant (that can be altered to each organizations benefits who use the toolkit)
- General job description of a medical assistant
- A brochure about medical assistants and highlighted important points interested parties would want to know
- A video created about becoming a medical assistant

While this toolkit we believe would be successful by itself, the toolkit was created with the idea that a medical provider and a medical assistant would go into high schools for a full presentation.

With the ever changing workforce there is a trend in what is valued in the eyes of an employee, one of the being relationships with their peers.

This presentation and proposal was presented to a group of stakeholders and was very well received and definite interest in utilizing the tools in the toolkit, video as well as the provider/medical assistant relationship being a critical part of this presentation.

### Potential Next Steps

- Develop a proposal to submit to vocational schools for an MA program.