

New Roles for the Certified Medical Assistant to Enhance Quality and Effectiveness of Care

Donald A. Balasa, J.D., M.B.A.*

Employing the CMA (AAMA) to do clinical and administrative procedures in an ambulatory delivery setting is proving to be a cost-effective way of providing high-quality care. The CMA (AAMA) credential represents a Certified Medical Assistant (CMA) who has achieved certification through the American Association of Medical Assistants (AAMA). The CMA (AAMA) must graduate from an accredited postsecondary academic program, pass a national examination administered by the National Board of Medical Examiners, and recertify every five years. The CMA (AAMA) is trained in socioethnic sensitivity and highly skilled in communicating with patients. In an effort to reduce potential malpractice liability, insurance carriers are recommending that practices employ culturally competent “patient advocate” professionals such as the CMA (AAMA) who has the required listening and speaking abilities. Researchers are exploring new ways of utilizing the CMA (AAMA) that enhance efficiency and reduce patient noncompliance with physicians’ instructions, such as serving as a “health coach” who meets with patients before and after the clinician (physician, nurse practitioner, physician assistant) visit, and assists during the clinician visit.

Key words: CMA (AAMA); communication; malpractice; patient advocate; teamlet.

Providing high-quality healthcare at a reasonable cost has become a daunting challenge for health professionals and practice managers. One of the most effective human resource solutions to this dilemma has emerged in recent years—the utilization of the CMA (AAMA) in both the clinical and administrative areas of the ambulatory care delivery setting. The CMA (AAMA) credential represents a Certified Medical Assistant (CMA) who has achieved certification through the American Association of Medical Assistants (AAMA). The rapidly increasing demand for CMAs (AAMA) is evidenced by the United States Bureau of Labor Statistics’ projection that medical

assisting will be one of the fastest growing professions through the year 2014.¹

All CMAs (AAMA) are required to graduate from an accredited postsecondary medical assisting program. To earn the credential, graduates must pass the CMA (AAMA) Certification/Recertification Examination. (This examination is accredited by the National Commission for Certifying Agencies and utilizes the National Board of Medical Examiners as examination consultant.) The CMA (AAMA) is required to recertify every five years by retesting or continuing education. Just as licensed professionals can be disciplined for illegal or unethical conduct, any CMA (AAMA) who violates the *Disciplinary Standards for the CMA (AAMA)* is subject to sanctions such as temporary or permanent revocation of the credential.²

As cost pressures continue to buffet American healthcare, a higher percentage of care is being delivered

*Executive Director, Legal Counsel, American Association of Medical Assistants, 20 N. Wacker Drive, Suite 1575, Chicago, IL 60606; phone: 800-228-2262; fax: 312-899-1259; e-mail: dbalasa@aama-ntl.org. Copyright © 2008 by Greenbranch Publishing LLC

in ambulatory settings. The CMA (AAMA) is the only allied health professional who is required to complete an accredited postsecondary medical assisting program that provides specific training for work in medical offices, clinics, and other outpatient care centers. In particular, the clinical competencies taught in an accredited program are geared to the ambulatory setting (Table 1).³ For example, performing venipuncture and applying pharmacology principles to prepare and administer oral and parenteral (excluding IV) medications are usually not taught in the academic programs of professionals who work primarily in hospitals and skilled nursing facilities.

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- Basic principles of psychology;
- Medical law and ethics (including regulatory requirements, such as the HIPAA Privacy Rule and OSHA policies);
- Recognizing and responding to verbal and nonverbal communication;
- Providing instruction for health maintenance and disease prevention;
- Performing telephone and in-person screening;
- Obtaining and recording patient history;
- Maintaining medication and immunization records; and
- Screening and following up test results.⁴

As a result of this extensive practical and theoretical training, the CMA (AAMA) is uniquely qualified to “speak the patient’s language” and serve as the communication liaison between the busy physician and patients who are often afraid to ask questions.

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The inability of patients to understand and comply with the instructions of their physicians has become a major malpractice risk. Health care providers not only have a duty of providing the required standard of care to

Table 1. Clinical Competencies for the Medical Assistant

1. Fundamental Procedures
 - a. Perform handwashing
 - b. Wrap items for autoclaving
 - c. Perform sterilization techniques
 - d. Dispose of biohazardous materials
 - e. Practice Standard Precautions
2. Specimen Collection
 - a. Perform venipuncture
 - b. Perform capillary puncture
 - c. Obtain specimens for microbiological testing
 - d. Instruct patients in the collection of a clean-catch, mid-stream urine specimen
 - e. Instruct patients in the collection of a fecal specimen
3. Diagnostic Testing
 - a. Perform electrocardiography
 - b. Perform respiratory testing
 - c. CLIA Waived Tests:
 - (i) Perform urinalysis
 - (ii) Perform hematology testing
 - (iii) Perform chemistry testing
 - (iv) Perform immunology testing
 - (v) Perform microbiology testing
4. Patient Care
 - a. Perform telephone and in-person screening
 - b. Obtain vital signs
 - c. Obtain and record patient history
 - d. Prepare and maintain examination and treatment areas
 - e. Prepare patient for and assist with routine and specialty examinations
 - f. Prepare patient for and assist with procedures, treatments and minor office surgeries
 - g. Apply pharmacology principles to prepare and administer oral and parenteral (excluding IV) medications
 - h. Maintain medication and immunization records
 - i. Screen and follow-up test results

patients, they also have a duty to take reasonable measures to ensure that patients understand the diagnosis and treatment plan. In an effort to reduce potential malpractice liability, insurance carriers are recommending that practices employ culturally competent “patient advocate” professionals such as the CMA (AAMA) who have the required listening and speaking abilities.

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Health researchers are exploring new ways of utilizing the finely honed communication skills of the CMA (AAMA). For example, in 2005 the Robert Wood Johnson Foundation (RWJF) awarded a grant to the University of Texas Health Science Center at San Antonio as part of the program Prescription for Health: Promoting Health Behaviors in Primary Care Research Networks, a

program of the RWJF and the United States Agency for Healthcare Research and Quality. The purpose of the grant is to determine whether expanded utilization of medical assistants in primary care settings can help patients reduce or eliminate smoking, lack of exercise, unhealthy eating habits, and abuse of alcohol. According to Robert L. Ferrer, M.D., M.P.H., associate professor of family and community medicine at the Health Science Center and administrator of the grant, “Medical assistants can significantly expand the time that practices have to interact with patients on these fundamental issues, because physicians are busy managing acute symptoms or chronic diseases.”

An article in the *Annals of Family Medicine* entitled “The Teamlet Model of Primary Care” presents another novel way of deploying the CMA (AAMA) in the primary care environment. A “teamlet” is defined as a primary care clinician (physician, nurse practitioner, physician assistant) and one or more “health coaches.”⁵ A health coach is a medical assistant (or other health professional) who receives additional training in chronic disease self-management and other specialized skills. Under the clinician’s supervision, the health coach conducts a “previsit” with the patient prior to the clinician’s visit to “work with the patient to negotiate the visit agenda, elicit a basic history, check on medication use, and perform indicated tests.”⁵ During the clinician’s visit, the coach “documents (on paper or in the electronic medical record) the clinician’s physical findings; fills out forms, orders laboratory tests, x-ray studies, and referrals; sends electronic prescriptions to the pharmacy or writes prescriptions for the clinician to sign; retrieves items not in the examination room;

[and] assists with procedures.”⁵ After the clinician’s visit, the health coach seeks to “ensure that patients understand what took place during the visit, engage the patient in self-management skill building, and enhance the patient’s experience with the encounter.”⁵

CMAs (AAMA) are ideal for these types of roles because of their clinical, administrative, and interpersonal skills. As the American healthcare delivery system evolves, it is easy to imagine the CMA (AAMA) being the health professional of choice for many more such roles.

For more information about the CMA (AAMA), visit the Web site of the American Association of Medical Assistants at www.aama-ntl.org, or call 800/228-2262. ■

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