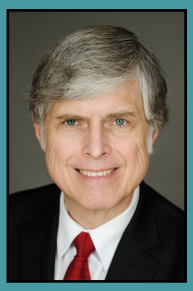
Medical Assistants' Role in Improved Cancer Care



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In the July/August 2019 issue of *Medical Assisting Today* (then *CMA Today*), I profiled how medical assistants are working to increase colon cancer screening rates. As an update to that article, I reviewed the work of medical assistants in aiding screenings for all types of cancer, not just colon cancer. A search of both peer-reviewed literature and general articles online reveals some interesting and crucial work being done to help improve the lives of patients with cancer and of their families.

An Array of Examples

"Interprofessional Education Curriculum for Medical Assistants in Radiation Oncology: A Single Institution Pilot Program"

A pilot education curriculum in radiation oncology was developed and implemented at an academic medical center. Although the sample size was small, the study showed "sustained improvement in clinical knowledge within the scope of the [medical assistant] role and empathy for patients."[1]

"A Lung Cancer Screening Education Program Impacts Both Referral Rates and Provider and Medical Assistant Knowledge at Two Federally Qualified Health Centers"

To help improve low rates of lung cancer screenings, 29 providers and 28 medical assistants were enrolled in a study at two federally qualified health centers (FQHCs). After targeted education, knowledge of lung cancer and screening rates improved within both groups. This is "associated with an increase in the number of patients referred to [low-dose computed tomography (LDCT)] at FQHCs."[2]

"Association of an Active Choice Intervention in the Electronic Health Record Directed to Medical Assistants with Clinician Ordering and Patient Completion of Breast and Colorectal Cancer Screening Tests"

This active choice intervention in the electronic health record (EHR) increased the rate of breast and colon cancer screenings performed by medical assistants. The study, comprising three primary care practices at the University of Pennsylvania Health System, found that the electronic nudge in the active choice intervention resulted in "a significant increase in clinician ordering of breast and colorectal cancer screening tests."[3]

And yet, the intervention did not result in "significant change in patient completion of either cancer screening test during a one-year follow-up."[3] The authors conclude that more concerted follow-up efforts would help improve this variable, because "patients in these primary care practices were mostly on their own to complete these steps and were not routinely sent reminders or given assistance to follow through with scheduling the tests and completing them."[3]

"How Medical Assistants Can Help Breast Cancer Patients"

This article encompasses some of the statistics on the prevalence of breast cancer and resulting anxiety and fear among patients, along with communication tips for how medical assistants can best help patients and their families address those concerns and embark on a course of treatment.[4]

Medical assistants also participate in patients' cancer care by handling paperwork, care coordination, and insurance follow-up; assisting with home health care and palliative care if necessary; and supporting patients' families.[4]

"Improving Cancer Screening Adherence in a Rural Health Clinic"

This quality improvement project involved developing and implementing a standardized previsit checklist to identify patients who need routine cancer screenings at a rural health clinic. Medical assistants in the clinic completed previsit checklists and reviewed them with providers prior to patient visits. Medical assistants completed the checklists 90% of the time, and 80% of the screenings were appropriately ordered (or the patient declined the screening). Additionally, medical assistants found the checklist process "easy to complete with minimal disruption to workflow."[5]

"Breast Cancer Screening: A Quality Improvement Project"

This presentation details the goals and results of a 2022 quality improvement project focused on improving mammography screenings among patients at a multisite primary care clinic in Utah. The methods used included employee education (to include the 24 medical assistants on staff), changes to workflow processes, follow-up with patients, and a public awareness campaign. Although not all the project's goals were met, significant changes were observed in variables, such as medical assistant pretest and posttest knowledge and the number of patients who obtained mammography screenings. The process was replicated to address colorectal cancer screenings as well, with similar results.[6]

"Award Recipient Highlights": Staff Focus

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on Increasing Colorectal Cancer Screening at a Health Center in Chicago

Award recipients of the Centers for Disease Control and Prevention's Colorectal Cancer Control Program include a Chicago health center that trained medical assistants on colorectal cancer and how to educate patients. The lack of time for physicians to educate patients and order stool test kits was seen as a barrier to improving screening rates. A multipronged effort included sending follow-up text messages to patients and improving data on and reporting of screening rates. As a result, screenings nearly doubled over four years, from 27% to 49%. Additionally, for Hispanic patients, the number of tests ordered increased from 17% to 50%, and the number of returned tests rose from 4% to almost 37%.[7]

"Streamlined Screening Doubles Lung Cancer Detection and Diagnosis"

Bon Secours Mercy Health more than doubled lung cancer screenings by streamlining the process, dividing the steps between roles, and providing guidance in the EHR. Medical assistants played a key role in this work by collecting data on smoking histories from patients during the intake process. When any patients met federal guidelines for lung cancer screenings, physicians were then prompted, through the EHR, to enter an order for LDCT.

Aside from improving patient care and saving lives, the streamlined workflow also yielded financial benefits for the system. Having medical assistants working in tandem with other team members—including physicians, schedulers, technologists, and radiologists—helped ensure that patients were eligible for LDCTs and that their screening examination met all insurance criteria. This helped Bon Secours Mercy Health reduce claim denials by more than half.[8]

"Redesigning Primary Health Care Teams for Population Health and Quality Improvement"

Through funding from the Agency for Healthcare Research and Quality, Penobscot Community Health Care, the largest and most comprehensive FQHC in Maine, implemented a primary care transformation initiative over three years that redesigned its care teams and workflows. Through the initiative, physicians assigned tasks that they previously performed to medical assistants. "The goal of delegation was to reduce the physicians' administrative burden, boost clinic capacity, and better support prevention and chronic disease management."[9] Although the initiative had mixed results, the Delegate Model that was developed showed promise for improved quality of care.[9]

Conclusion

These efforts share several common threads, including the need for education, support throughout an organization, and workflow adjustments to meet a project's goals. More importantly, these numbers reflect the improvement in cancer patients' quality of life. ✦

Questions may be directed to CEO and Legal Counsel Donald A. Balasa, JD, MBA, at DBalasa@aama-ntl.org.

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