



Donald A. Balasa, JD, MBA  
AAMA CEO and Legal Counsel

# The role of medical assistants in increasing colorectal cancer screening rates

The following are highlights of the April 16, 2019, webinar I presented for the Illinois Primary Health Care Association.

The roles of medical assistants continue to expand in outpatient health care delivery settings, including primary care settings. The purpose of this article is to document how an intentional and focused utilization of knowledgeable and competent medical assistants—especially CMAs (AAMA)—has increased the screening rates for colorectal cancer (CRC).

## Case studies

The following are summaries of initiatives to increase CRC screening rates. All the following studies utilized CMAs (AAMA) and other medical assistants in advanced roles, and all of them resulted in increases in CRC screening rates.

### “Increasing Colorectal Cancer Screening Rates: Steps to Success”

The Maine Cancer Screening Initiative<sup>1</sup> was conducted from December 2013 to November 2015 with the participation of six federally qualified health centers (FQHCs) and support from the Maine Primary Care Association (MPCA), Maine Cancer Foundation (MCF), and American Cancer Society (ACS). A key guiding principle of the study was to utilize health professionals to the top of their respective licensing, certification, and education.<sup>1</sup>

An important aspect of this initiative was the employing and training of

“outreach medical assistants” to contact patients who were due for a CRC screening. In addition to following a script when calling patients or their representatives, the medical assistants received advanced training in the fecal immunochemical test (FIT)—a screening tool for detecting CRC.<sup>1</sup>

### “Improving Colon Cancer Screening Rates in Primary Care: A Pilot Study Emphasizing the Role of the Medical Assistant”

This pilot study<sup>2</sup> was undertaken at the University of Utah Community Clinics by the Utah Health Research Network and focused on patients 50 years of age and older who had not completed necessary CRC screening. Medical assistants were taught about CRC screening guidelines and were authorized by the overseeing physician to recommend testing to patients. If patients agreed to move forward with the CRC screening, medical assistants were empowered to enter preliminary orders into the electronic health record (EHR) for a screening appointment. The delegating physician would review the orders and determine whether they should be issued.

Note the following synopsis of the results of this study:

The baseline colonoscopy referral rate was 6.0%. Provider education and electronic reminders had minimal immediate impact on screening rates. Addition of

the expanded [medical assistant] role was associated with a sustained increase in colonoscopy referral order rate to 13.4%, a relative improvement of 123%.<sup>2</sup>

### “Colorectal Cancer Screening and the Patient-Centered Medical Home”

This July 2016 webinar<sup>3</sup> was conducted under the aegis of the National Colorectal Cancer Roundtable (NCCRT) and the American Cancer Society. One of its purposes was to “consider ways to align colorectal cancer (CRC) screening with the patient-centered medical home (PCMH).”<sup>3</sup> Experience had shown that electronic reminders to patients did not increase CRC screenings to any appreciable extent. However, “medical assistant/nurse in-reach and outreach screening processes” proved to be more effective in increasing the rate of CRC screening.<sup>3</sup>

### “Smart Options for Screening (SOS)”

Smart Options for Screening (SOS)<sup>4</sup> was one of the research-tested intervention programs of the National Cancer Institute (NCI). The emphasis of the SOS approach was employing EHRs to their full capacity to increase the rate of CRC screening. The role of medical assistants in the SOS system was crucial.

Medical assistants successfully completed two days of focused SOS training. This learning was reinforced by periodic refresher courses and monthly conference

calls. The training equipped the medical assistants to explain the screening options to patients in understandable terms, help patients overcome their fears, and encourage patients to move forward with their CRC screening.<sup>4</sup>

### “Colorectal Cancer Screening: Interventions That Work”

This June 2015 webinar<sup>5</sup> was presented by Durado Brooks, MD, MPH, then director of cancer control interventions for the American Cancer Society (now vice president), and was sponsored by the Arizona Alliance for Community Health Centers (AACHC) and Arizona Cancer Prevention and Control. Dr. Brooks stated that standing orders permitting medical assistants and nursing staff to explain CRC screening options to patients, provide patients with FIT and fecal occult blood test (FOBT) kits and instructions, and—as authorized by their overseeing licensed providers—refer patients for colonoscopies “have been demonstrated to increase CRC screening rates.”<sup>5</sup>

### “Using Practice Facilitation to Increase Rates of Colorectal Cancer Screening in Community Health Centers, North Carolina, 2012–2013: Feasibility, Facilitators, and Barriers”

This study<sup>6</sup> was conducted in three federally qualified health centers (FQHCs) and attempted to measure the importance of involving all staff—including medical assistants—in the effort to increase the CRC screening rate of patients. The results of this initiative were encouraging:

The percentage of eligible patients with a documented colorectal cancer screening recommendation increased from 15% to 29%. The percentage of patients up to date with [CRC] screening rose from 23% to 34%.<sup>6</sup>

## Conclusion

In short, the utilization of knowledgeable and competent medical assistants, especially CMAs (AAMA), across health care settings significantly increases CRC screening rates, which will, in turn, make strides in

## The medical assisting profession

Medical assistants are unlicensed allied health professionals who work under licensed provider (e.g., physician, nurse practitioner, and physician assistant) supervision in ambulatory care settings and are delegated clinical, prevention outreach, patient navigator, managerial, and administrative responsibilities. Medical assistants do not work clinically in inpatient settings as medical assistants per se. However, it is permissible legally for medical assistants to work in outpatient departments of primarily inpatient institutions, such as hospitals, correctional facilities, and assisted-living environments.

preventing avoidable deaths through early detection and treatment. ♦

### References

1. Knowles T, Reed J. Increasing colorectal cancer screening rates: steps to success. PowerPoint presented at: National Colorectal Cancer Roundtable 2018 Annual Meeting; November 16, 2018; Baltimore, MD. <http://ncrt.org/wp-content/uploads/KnowlesAndReed-NCCRT-Increasing-Colorectal-Cancer-Screening-Rates-TKJR-11.15.18.pdf>. Accessed May 2, 2019.
2. Baker AN, Parsons M, Donnelly SM, et al. Improving colon cancer screening rates in primary care: a pilot study emphasizing the role of the medical assistant. *BMJ Quality & Safety*. 2009;18(5):355-359. doi:10.1136/qshc.2008.027649
3. Smith RA, Lagarde S. Colorectal cancer screening and the patient-centered medical home. Webinar presented online July 28, 2016. <https://ncrt.org/resource/patient-centered-medical-home-webinar/>. Accessed May 23, 2019.
4. Smart options for screening (SOS). National Cancer Institute. <https://rtips.cancer.gov/rtips/programDetails.do?programId=22691890>. Accessed May 23, 2019.
5. Brooks D; American Cancer Society; Arizona Alliance for Community Health Centers; Arizona Cancer Prevention and Control. Colorectal cancer screening: interventions that work. PowerPoint presented June 3, 2015.
6. Weiner BJ, Rohweder CL, Scott JE, et al. Using practice facilitation to increase rates of colorectal cancer screening in community health centers, North Carolina, 2012–2013: feasibility, facilitators, and barriers. *Prev Chronic Dis*. 2017;14:160454. doi:10.5888/pcd14.160454

## The CMA (AAMA) credential

The Certified Medical Assistant® (AAMA) credential, or CMA (AAMA)®, has been in existence since 1963 and is awarded by the Certifying Board (CB) of the American Association of Medical Assistants (AAMA). It is the only medical assisting credential that requires graduation from a college-level medical assisting program. The CB of the AAMA retains the National Board of Medical Examiners (NBME) for test construction, administration, scoring, and analysis. The NBME provides psychometric services for the United States Medical Licensing Examination (USMLE) and for several physician specialty examinations.

The CMA (AAMA) is the only medical assisting certification program that is accredited both by the National Commission for Certifying Agencies (NCCA) and under International Organization for Standardization (ISO) International Standard ISO/IEC 17024:2012, *Conformity Assessment—General Requirements for Bodies Operating Certification of Persons*.<sup>7</sup>

Because of their education, passing of a standardized national examination, and maintenance of certification by continuing education that meets international standards or by examination, CMAs (AAMA) are “uniquely qualified for advanced positions” in patient-centered medical homes (PCMHs) and similar reconfigured delivery settings.<sup>8</sup>

7. International Organization for Standardization. *Conformity Assessment—General Requirements for Bodies Operating Certification of Persons*. 2nd ed. Geneva, Switzerland: International Organization for Standardization; 2012. ISO publication ISO/IEC 17024:2012(E). [https://www.ihf-fih.org/resources/pdf/Conformity\\_assessment-General\\_requirements\\_for\\_bodies\\_operating\\_certification\\_of\\_persons.pdf](https://www.ihf-fih.org/resources/pdf/Conformity_assessment-General_requirements_for_bodies_operating_certification_of_persons.pdf). Accessed May 24, 2019.
8. Balasa DA. One credential, many roles. *CMA Today*. 2016;49(3):6-9. <https://www.aama-ntl.org/docs/default-source/legal/mj16-pa.pdf>. Accessed June 10, 2019.