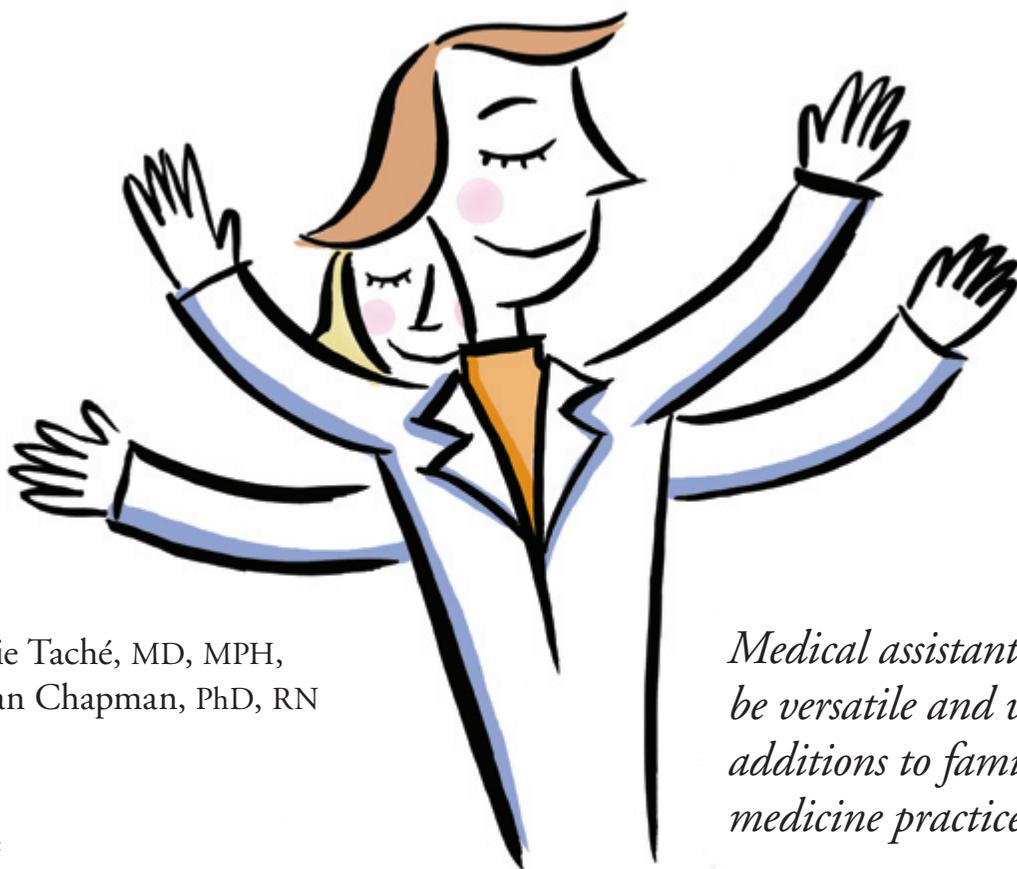


What a Medical Assistant Can Do for Your Practice



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*Medical assistants can
be versatile and valuable
additions to family
medicine practices.*



Covered in FPM Quiz

In the interests of cost-effectiveness and efficiency, family physicians are hiring more medical assistants (MAs) to help them manage the increasing complexities of patient care and practice management. The Bureau of Labor Statistics projects it to be the fastest growing occupation for the 2002 to 2012 period.¹

MAs' responsibilities can be tailored to the needs of a practice. They can manage front-office functions and patient flow and handle a wide range of tasks that would otherwise be performed by receptionists, practice managers, nurses and physicians. Many physicians are unsure of what tasks are appropriate to assign to an MA and do not

help MAs work to their full abilities and potential. This article should help you to better understand the MA's role and prepare you to make staffing decisions that will make your practice more productive.

Education and scope of practice

The formal training that MAs receive varies widely, from several months of vocational school coursework to a two-year associate's degree program that might include classes in math, English, anatomy, medical terminology and disease processes. Most of an MA's clinical training occurs on the job and is carried out by physicians, nurse

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Medical assistants are in high demand, in part because they can handle so many different kinds of tasks in a practice.



There is no standard curriculum for MAs, so the quality of education and training they receive varies widely.



MAs cannot make independent medical assessments or give advice to patients.



With specific protocols to guide them, MAs are capable of handling tasks that many physicians might not have considered.

practitioners, physician assistants, registered nurses and other MAs. Certification is not mandatory for MAs, and currently only 15 percent of MAs in the United States are certified.^{2,3} (See “About medical assisting certification” below.)

Although legal requirements addressing MAs’ scope of practice vary by state, MAs generally work under the license of their supervising physician or the managed care organization that employs them. To learn more about medical assisting scope of practice, contact Donald A. Balasa, Executive Director and Legal Counsel of the American Association of Medical Assistants, by e-mail at dbalasa@aama-ntl.org.

MAs are not licensed to make independent medical assessments or give advice. Physicians must determine the skill level and capabilities of each MA they supervise and take into account liability risk and quality control when assigning them their

responsibilities. Physicians should provide initial direct supervision and periodically assess the quality of their work. In practices with nurse managers, medical assistants can

KEY POINTS

- Because there are no standard educational criteria for medical assisting, it is important for employers to determine each applicant’s skill level and certification type.
- MAs may convey clinical information on behalf of the physician and follow clinical protocols when speaking with patients, but they cannot exercise independent medical judgments.
- MAs can help to optimize patient flow, enabling the physician to see more patients and conduct more robust visits.
- National and state certification for MAs is available, but only 15 percent obtain it.

receive additional supervision coordinated to maximize workflow in a practice. Communicating the MAs’ roles to other staff and clearly delineating their responsibilities is

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important in maximizing the productivity of the health care team.

With specific protocols, orders and directions in place, MAs can handle a broad

range of duties. (See the next page for an outline of MAs’ scope of practice.) In some states, MAs can perform procedures such as urinalysis, strep tests, blood pressure checks, weight checks, electrocardiograms, venipuncture and injections. Some often-overlooked uses of MAs include doing telephone follow-up after visits, notifying patients of lab results, reviewing medications with patients, and engaging in translation and cultural brokering.

Using detailed protocols, MAs have been trained in disease management programs such as tracking PT/INR levels for patients on warfarin or following HbA1c levels for patients with diabetes. Some MAs assist with quality improvement initiatives by tracking and recalling

ABOUT MEDICAL ASSISTING CERTIFICATION

There are several different pathways to obtain certification in medical assisting. Certification is optional for MAs, but hiring a certified MA should provide the family physician with greater assurance of the MA’s competency. The first type of certification is received upon successful graduation from an accredited school in medical assisting. The second type of certification can be obtained by taking a certification examination from either a state or national medical assisting organization.

Only graduates of accredited schools in medical assisting are eligible to take certification exams. There are two national organizations in medical assisting, the American Association of Medical Assistants (AAMA) and the American Medical Technologists (AMT). The AAMA awards the Certified Medical Assistant (CMA) credential. For CMAs, recertification occurs every five years through continuing education or re-examination. The American Medical Technologists (AMT) awards the Registered Medical Assistant (RMA) credential. The AMT allows alternate pathways as well. Recertification for RMAs occurs by renewal of yearly dues to the AMT.

patients who need Pap smears and mammograms, organizing flu vaccine clinics for high-risk patients, ensuring follow up for patients working on smoking cessation or verifying that patients over age 50 have had

a durable power of attorney or educating patients about procedures.

Compensation and reimbursement

In 2003, the median hourly wage for medical

MA's' greatest value may be in helping physicians optimize their office flow.

colon cancer screening.

More advanced roles are delineated in the AAMA advanced scope of practice (see below). These differ in each state and may include placing IVs, helping patients draft

assistants was \$11.69. Median earnings were \$24,310 with a range of \$17,400 to \$34,630 per year.¹ Certified MAs make approximately 5 percent to 10 percent more than their non-certified counterparts.³ MAs performing

SCOPE OF PRACTICE FOR MEDICAL ASSISTANTS

Administrative

Work in reception
Answer telephone
Schedule appointments
Process medical billing
Keep financial records
File medical charts
Telephone prescriptions to a pharmacy
Transcribe dictation
Send letters
Triage patients over the telephone using a protocol to determine the acuity of the visit and the visit-length for scheduling purposes.

Clinical

Escort patient to exam room
Carry out patient history interviews
Take and record vital signs
Prepare patient for examination
Provide patient information/instructions
Assist with medical examinations/surgical procedures
Set up/clean patient rooms
Maintain inventory
Restock supplies in patient rooms
Perform venipuncture
Administer immunizations
Collect and prepare laboratory specimens
Remove sutures
Change dressings
Notify patients of laboratory results

Schedule patient appointments
Translate during medical interviews with non-English-speaking patients
Give prevention reminders
Instruct patients about medications or special diets
Perform basic laboratory tests
Prepare/administer oral/intramuscular medications as directed
Perform ECGs

Advanced duties

Place, initiate IV and administer IV medications with appropriate training and as permitted by state law
Develop educational materials
Help patients draft a durable power of attorney
Educate patients about procedures
Negotiate managed care contracts
Manage accounts payable
Process payroll
Document and maintain accounting and banking records
Develop and maintain fees schedules
Manage renewals of business and professional insurance policies
Manage personnel benefits and maintain records
Perform marketing, financial and strategic planning
Develop and maintain personnel, policy and procedure materials
Perform personnel management functions
Negotiate leases and prices for equipment and supply contracts

Source: AAMA. American Association of Medical Assistants Role Delineation Study: Occupational Analysis of the Medical Assisting Profession. Chicago: AAMA; 2003.

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MA's' scope of practice includes both clinical and administrative work.



The American Association of Medical Assistants and the American Medical Technologists offer certification programs for MAs.



Simple visits involving MAs can be billed using the 99211 CPT code, and physicians can bill Medicare for services that MAs perform "incident to" the physician.



In addition to determining a competitive salary, physicians should carefully evaluate the costs of training and supervision before hiring an MA.



The best way to find a talented MA is to get involved with a training program, if one is available in your area.



Turnover among MAs is high, so it's important to make retention a priority.



Flexible schedules, tuition assistance and advancement potential contribute to higher job satisfaction and less turnover.

AVERAGE ANNUAL SALARIES FOR MEDICAL ASSISTANTS

	Hourly mean wage	Annual mean wage
Offices of physicians	\$12.17	\$25,320
General medical and surgical hospitals	\$12.38	\$25,740

Source: U.S. Bureau of Labor Statistics. *Occupational Outlook Handbook, Medical Assistants*. Available at <http://www.bls.gov/oes/current/oes319092.htm>. Accessed March 22, 2005.

advanced practice functions would probably warrant higher compensation as well. (See "Average salaries for MAs" above.) In evaluating the costs and benefits of hiring an MA, be sure to consider the costs of training and supervising this person as well. Because MAs hone their skills on the job, it might take a significant amount of time to train and supervise an MA.

Retaining a talented MA can be more challenging than recruiting one.

While MAs do not directly generate large amounts of revenue, physicians can bill for simple visits involving MAs by using code 99211. Per CPT, this code is for "Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician. Usually, the presenting problem(s) are minimal and 5 minutes are typically spent performing or supervising these services."

For Medicare only, the physician can bill for MAs' services that are performed "incident to" the physician's service. The incident-to rules cover services that are "an integral, although incidental, part of the physician's personal professional services to the patient." The claim should be submitted in the physician's name and will be paid at 100 percent of the physician fee schedule. Most MAs' incident-to services may never be billed higher than a 99211. Private payers may reimburse for non-physician providers' services differently, and it is important to review the physician participation agreement for the managed care companies your practice contracts with, as well as your state's laws.⁴

MAs' greatest value may be in helping physicians optimize their office flow, allow-

ing more patients to be seen and enabling physicians to accomplish more during their visits. Both scenarios lead to better revenue, either because the physician is performing more services or performing higher-level services more often.

Finding the right MA

If you're interested in recruiting an MA for your practice, develop relationships with community colleges or vocational schools in your area that have respectable training programs. You may want to volunteer to have MA students rotate through your practice during their externship to see which MA best fits your practice.

Retaining a talented MA can be more challenging than recruiting one. Turnover rates as high as 20 percent a year have been reported.³ Because of the lack of career advancement potential in the field of medical assisting, many MAs leave positions

for opportunities that offer even small salary increases. Others go back to school to become registered nurses, physician assistants or even doctors. Helping MAs further their education and training by offering flexible schedules, money for school or advancement if they increase their skills, credentials and education, leads to higher job satisfaction and retention rates. **FPM**

Send comments to fpmedit@aafp.org.

1. Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook, Medical Assistants, 2004-2005 Edition*. Available at <http://bls.gov/oco/ocos164.htm>. Accessed March 22, 2005.

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3. D.A. Balasa, director and legal counsel, American Association of Medical Assistants, personal communication, March 2005.

4. Gosfield AG. The ins and outs of incident-to reimbursement. *Fam Pract Manag*. Nov/Dec 2001;23-27.