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CLINICAL UPDATE: PART I

TRANSFORMING MEDICAL ASSISTANT TO CARE COORDINATOR TO ACHIEVE THE QUADRUPLE AIM

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Many healthcare institutions are transforming their delivery of primary care due to workforce shortages, increasing medical complexity of patients, an aging population, escalating costs, and pressures to provide better quality and more efficient care.[1-3] Primary care redesign often involves shifting from the traditional physician-centric model towards care delivered by teams, allowing each member of the health care team to practice at the level commensurate with their training, skill, and knowledge. One member of the team has emerged as increasingly important, the medical assistant. Previously the scope of the medical assistant was limited to the role of placing a patient in the exam room and obtaining vital signs ("rooming"). The role is now expanding to encompass functions such as health coach, care coordinator, scribe, phlebotomist, and preceptor.[3-4] More meaningful contributions of the medical assistant in team-based primary care may lead to benefits across all domains of the quadruple aim: patient experience, cost savings, quality of care, and physician and staff satisfaction.[4]

In the Ten Building Blocks of High Performing Primary Care, a framework for robust primary care articulated by the University of California San Francisco's (UCSF) Center for Excellence in Primary Care (CEPC), one of the foundational blocks is Team-Based care.[5] In the CEPC teamlet model, the medical assistant plays an integral role on the team and carries out a number of higher level functions within his/her scope of practice. This expanded medical assistant role in the teamlet, referred to as Care Coordinator, further evolved at Stanford Primary Care. The role was first implemented at Stanford Coordinated Care, a clinic founded in 2012 to drive down the cost of care for the most medically complex patients by providing comprehensive, team-based primary care. Supported by other team members, the Care Coordinator is the patient's main contact with the clinic. They are present and take notes during visits, provide health coaching and care navigation to patients as well as support population health management: activities expected to positively impact patient experience, cost, and quality of care. Each Care Coordinator has a panel of about 125 patients in this low volume, high touch practice for the highest utilizers of health care. Stanford Coordinated Care was designed to promote patient activation, developing the patient's capacity for behavior change and improve self-management skills in the context of a trusting relationship between the them and their health care team; the medical assistant plays the key role in cementing that relationship.

In 2015, Stanford Primary Care adapted the Care Coordinator role when initiating a broad-based practice redesign effort, Stanford Primary Care 2.0. Based on the experience of Stanford Coordinated Care and research from UCSF's CEPC, Care Coordinators in Stanford Primary Care 2.0 have responsibilities that include expanded rooming tasks, scribing, health coaching, previsit planning, and in-basket management. Within a team-based practice model, Care Coordinators work directly with patients during the primary care visit and continue with the inter-visit work of health coaching, care coordination, and population health management. Early outcome trends from the model include improvements in meaning-

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fulness of clinic work (which may be protective against burnout) and lower provider and staff burnout.[6] A formal evaluation is forthcoming, but early data have also highlighted positive movement in team cohesion, patient satisfaction, and population health measures such as A1C testing and control (unpublished data). Interviews with our Care Coordinators highlight their increased sense of empowerment: "I love being able to have more control. I feel more respected in this position because they trust me to do all these extra things."

Factors leading to the success of the Stanford Coordinated Care and Primary Care 2.0 models underscore the importance of putting systems into place that facilitate professional fulfillment and joy of practice for all team members (i.e. the fourth quadruple aim). These factors include:

1. *Adequate tools and training.* A robust scribing and health coaching training program, using a flipped classroom approach, has been developed and implemented. Training is provided in an interprofessional education setting that includes Care Coordinators, physicians, and other team members to promote collegiality, mutual respect, and trust.
2. *Team building.* Weekly 1-hour case conferences include the entire team in discussion of patient care and quality improvement projects.
3. *Recognition.* The creation of step advancements with pay differentials based on skills within the Medical Assistant job category (MA I, MA II, etc.) has been crucial for engagement. Responsibilities warranting an initial wage increase include population health outreach, schedule management, precepting of new Care Coordinators, and medical social work tasks. Care Coordinators providing health coaching, in-visit clinical documentation, and clinic-level leadership are able to progress further along the advancement ladder.

To sustain this model and optimize Care Coordinators' interest and engagement through the organization, future plans include:

1. *Care Coordinator Academy.* Developing a Stanford Primary Care 'Care Coordinator' training program will ensure standardized onboarding, work expectations, opportunities for expanded training, and continuous education of all medical assistants. Training in advanced skills such as health coaching and scribing will be included in the curriculum.
2. *Professional Development in Quality Improvement.* Care Coordinators will be invited to participate in a rolling training for coaching and mentorship in implementing a quality improvement project that is available for all primary care team members. Skills training in quality improvement and project management will support their progression through the career ladder.
3. *Pipeline Development.* Stanford Health Care affiliates with a medical assistant certification program to provide intern placements, which helps identify and recruit talent into primary care clinics, while introducing them to in the culture and workflows prior to hiring.

The Stanford Coordinated Care and Primary Care 2.0 experience have demonstrated the ability of people trained as medical assistants to successfully expand their responsibilities to develop critical trusting relationships with patients as Care Coordinators. Patients who have received care through Stanford Coordinated Care and Primary Care 2.0 report very high levels of satisfaction and appreciation for "their" Care Coordinator while Care Coordinators experience much increased levels of meaning in their work and integration into the team. This expanded role of the medical assistant has valuable potential for achieving the quadruple aim.

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