Meaningful Use and Medical Assistants: What Does this Mean for their Career?

As physicians strive to align their practices with the conditions of the required meaningful use stages this year and continue to be involved in healthcare reform and all it entails, they find themselves reaching out for help in regards to workflow issues. The answer: proper utilization of medical assistants.

What is it in the medical assistant’s training that allows them to be the perfect contribution within the team of the physician’s office? It is their interdisciplinary role that enables them to fulfill not only the needs of the physician, but the patients’ needs as well. The medical assistant has been trained to run the front and back office, work on insurance claims, coding, schedule appointments and procedures, give medications, assist with procedures, meet with pharmacy representatives, take patient histories, vital signs and do medication refills. Phlebotomy and EKG are also an advantage. Their training allows work side by side with the physician every day, allowing them the opportunity to meet the physician’s every need.

What is Meaningful Use?

This financial incentive program for Medicare and Medicaid EHR (Electronic Health Record) is used to encourage and motivate healthcare providers into “meaningful use” of their technology to improve patient care. In order for the providers to receive their monetary award, they must meet the objectives required to demonstrate that they are meeting the thresholds for a certain quantity of objectives through utilization of their EHR. All providers are expected to demonstrate meaningful use every calendar year (for healthcare professionals) in order to receive their incentives and to avoid a fee. There are 3 stages with a building block of requirements that must be met by certain deadlines that will demonstrate meaningful use. (Meaningful Use 2014)

The American Recovery and Reinvestment Act (ARRA) of 2009 was signed by President Obama on February 17, 2009. The law includes the Health Information Technology for Economic and Clinical Health Act (HITECH). The HITECH Act establishes programs under Medicare and Medicaid to provide incentive payments for the “Meaningful Use” of Certified Electronic Health Records technology. The objective is to improve healthcare outcomes and to demonstrate meaningful use of the electronic health record (EHR). The EHR Incentive Program asks providers to use the capabilities of their EHRs to achieve benchmarks that can lead to improved patient care. The HITECH Act also included grants for training centers for employees required to utilize and support a health IT infrastructure. Failure to meet the time tables required for each stage of the process can be cause for penalties versus performance base incentives. (HHS 2009)
The Three Stages

Stage One
The first stage is about demonstrating the effective use of the EHR. A great example would be e-prescribing with pharmacies. It is also about the exchange of health information with other providers, and labs and radiology. It is about capturing and sharing the data in order to effectively provide clinical quality data and obtain quality measures. For example, eligible professionals (EP) are required to have 13 required core objectives and 5 objectives from the menu set that demonstrate they are effectively utilizing the EHR in their practice. All 22 objectives must be met. You cannot move on to stage two until you have completed stage one. (Meaningful Use 2014)

Stage Two
Though most of the new objectives introduced for Stage 2 are menu objectives, EPs are also expected to use secure electronic messaging to communicate with patients on relevant health information.

EPs must also use computerized provider order entry (CPOE) for medication, laboratory and radiology orders directly entered by any “licensed healthcare professional” who can enter orders into the medical record per state, local and professional guidelines. This licensed healthcare professional includes a medical assistant; however, the MA must be “certified.”

Any licensed healthcare professionals and credentialed medical assistants can enter orders into the medical record. Credentialing for a medical assistant must come from an organization other than the organization employing the medical assistant. American Medical Technologists (AMT), for example, can help your non-credentialed medical assistant obtain certification. Their eligibility requirements allow an individual who has worked as a medical assistant for 5 years or more acquire certification by sitting for the Registered Medical Assistant exam. AMT also provides study tools including practice tests and study guide outlines in order to prepare for the exam. (AMT 2014)

Stage Three
Stage three is starting to look at Meaningful Use (MU) of an EHR in the context of improved healthcare outcomes. For example, the stage three visions include a collaborative model of care with shared responsibility and accountability, utilizing a building block of previous MU objectives. Stage three is the time to begin to transition from a setting-specific focus to a collaborative approach. The expectations include looking at best practices and new models of care that are team based and outcome focused. The end results should demonstrate improved quality patient care that includes particular attention to patient education and accessibility to answers to their medical needs. Statistics should clearly start to reveal pertinent information on variable populations within the region and allow for a continuous flow of statistical data that will drive a better team approach to the healthcare system due to a better alliance and partnership between departments, cohorts, and the patient. (Meaningful Use 2014)

Clinical Quality Measures
All providers are required to report on Clinical Quality Measures (CQM) in order to demonstrate meaningful use. Beginning in 2014, all providers, regardless of their stage of meaningful use, will report on CQMs. All providers must select CQMs from at least 3 of the 6 key health care policy domains recommended by the Department of Health and Human Services National Quality Strategy:

- Patient and Family Engagement
- Patient Safety
- Care Coordination
- Population and Public Health
- Efficient Use of Healthcare Resources
- Clinical Processes/Effectiveness

The Role of the Medical Assistant in Meaningful Use
CMS guidelines have now made it necessary for medical assistants to pass certification in order to participate in computerized order entry in order to meet meaningful use objectives. This clarification has opened the doors for physicians to look at the cost saving opportunities for utilizing only medical assistants in their offices.

Staffing issues with medical assistants are flexible and allow for easy realignment of daily assignments if needed for call offs or other scheduling problems that may arise, since they are all cross trained in all areas of the medical office.

No longer must a medical assistant wait while a nurse is available to complete a certain task. Instead, there is a flow of team work throughout the office due to each medical assistant having knowledge in all areas of the patient’s needs. It has become evident over the years that the lack of communication has caused a breakdown in quality care. This approach makes it easier to keep the flow of patients moving as opposed to waiting for a nurse to get off the phone or to give instructions or a medication, all of which the medical assistant is trained to do. All medical assistants are also trained to draw blood, do ECGs, give medications, insurance and billing, coding,
order supplies, check in patients, make appointments. Do they, and will they need continuing education? Absolutely! It will be ongoing just like it should be for any health professional.

Workflow

The above illustration demonstrates the constant flow of information during the patient encounter through registration, the history and visit, to coding, billing and collection. Although it does not clearly demonstrate the patient care that evolves at times throughout, it does clearly explain the need for input and tracking in order to meet the requirements of Meaningful Use. It also demonstrates that the entire workflow process is entirely relevant to the role of the medical assistant. (Newby and Carr 2014)

Examples of Documented Complaints and Frustrations from Physicians

Physicians have clearly been at times exasperated by all the complexities of the EHR and Meaningful Use objectives and technology changes. Included below are some examples of their complaints and potential opportunities for improvement that would be available utilizing medical assistants in order to perpetuate a smoother workflow within the physician's practice.

Time Consuming Clerical Work for the Physician

Providers from the 30 physician practices involved in the study spoke of their EHRs as overly time-consuming when it came to data entry... the answer, “Liberalize” the ability to use office support personnel to reduce physician clerical work related to EHR use. Physicians reported that employing scribes, allied health professionals or other staff to interact directly with EHRs reduced the degree of interference with face-to-face patient care... allowing such staff to continue or expand in these roles may mitigate many EHR-related problems. (Kearns March 2014)

This article focused on the clerical workload of the EHR and the interference with face to face time with the patient as well the examination process. Although they discuss utilizing support personnel, they consider hiring additional staff, such as scribes, to help with the workload. Although they are on the right track, it is the medical assistant who should be properly utilized so that the workflow is enhanced as the medical assistants are all able to share the responsibilities as a team since they have equal training in all areas of the office, clinically and administratively. The expense of scribes is also a concern, along with privacy issues, and the comfort of the patient having an additional unknown person in the examining room.

Cost Containment Issues

“A doctor's cost runs up to $4 a minute or $240 an hour. Would you pay $240 an hour to have someone type and click information into an electronic medical record? Would you take your most expensive employees and make them data entry staff? That's what has been happening.” (Chesanow 2014)

Cost containment concerns are relevant and the concerns in this article from a monetary standpoint make a good point. According to the U.S. Dept. of Labor, medical assistants make approximately $15–over $20 an hour on average. This average salary, along with the wide range of skills they possess, makes the medical assistant the perfect candidate for the conundrum of how to cost effectively run a physician's office now that they are utilizing EHR and Meaningful Use. (US Department of Labor 2013)

EHR and Lack of Patient Focus

Another physician came up with a very timely analogy. “I live in a town that has passed legislation criminalizing texting and driving. A driver is more impaired and distracted when texting than when intoxicated. EHRs and the practice of medicine should be no different. Do you really believe that your physician is actually concentrating on the patient in front of them while their attention is primarily focused on entering data in a computer?” (Cohen 2013)

This article draws attention to the lack of focus to quality patient care while utilizing the EHR during an exam comparatively to driving and texting in a car. How can a physician enter data and make patient contact in the exam room? One opportunity for physicians as we engage the patient into retrieving their own information in the patient portal is to interact with the patient with the information and data that the physician is accessing and utilize the information as an educational tool. One good example is lab results. Show them to the patient and explain to them how to read the report. Medical assistants can also utilize the patient portal for patient teaching once the physician has reviewed the results.

Changing the Thought Process from a Paper Record to an Electronic Record and Workflow Design

A physician states, “When you are looking to adopt an EHR, you have to make decisions about redesigning how your practice is going to operate. I tell people that
they have to take the whole practice apart and put it back together again, no matter how big or how small the practice is, because everything we do right now is tethered to that paper record. If that tether no longer exists, they have to figure out how they will operate in their environment without this piece of paper. For example, if the chart is in the door this way, it means that the patient needs to see a doctor. If it's in the door that way, a nurse is supposed to go in. If a paper record doesn't exist, how will I know which it is? I have been flipping through this chart for years, I know all the visual cues, and now I have to sit there and flip around in this computer system. In many cases, I have to go and literally redesign the system from a workflow perspective. I also have to consider how doctors interact with patients so that they get the information they need and put it into the EHR. That's a lot of change that somebody has to engage in…” (Kane & Sterling 2012)

We all know how most of us are used to thinking about our workload from a hard copy of the chart (the paper copy) perspective. All of our work revolves around the chart but now we have to refocus our thinking about time managing our day without the paper chart and instead, use a computer. Just redesigning the office set up is a challenge. Medical assistants learned in their classes about workflow in the office and how to be cognizant of set up in an office setting that is conducive to individual practices. Again, we see that the medical assistant is multi-skilled in all areas of the medical office. Physicians need to embrace the knowledge and expertise of medical assistants in order to improve quality care and meet the measurable standards that are expected to demonstrate “meaningful use.”

Conclusion

Meaningful Use, along with ICD 10, and EHR has definitely challenged our abilities to adapt to change. This ongoing building block of healthcare reform has us all spinning, learning new information and documentation regarding meeting the needs of our number one goal — quality patient care. It is so easy to lose sight of the purpose of these changes when we are struggling with so many advances and changes that are evolving around us so quickly. The answer to quality improvement lies with the medical assistant who can assist all physicians in all areas of their operations and allow for a smoother cost effective workflow. Keep it simple, it is right there in front of you. These allied health professionals will move you into the new prototype of patient care and will be your assistant in every area of your practice. The medical assistant will allow you the capacity to focus on your patients and the ability to have a life outside your practice.

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