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# One credential, many roles

## Why CMAs (AAMA) are uniquely qualified for advanced positions

**T**he patient-centered medical home (PCMH) is defined in the 2007 document *Joint Principles of the Patient-Centered Medical Home*:

The patient-centered medical home (PCMH) is an approach to providing comprehensive primary care for children, youth, and adults. The PCMH is a health care setting that facilitates partnerships between individual patients and their personal physicians, and when appropriate, the patient's family.<sup>1</sup>

The vital and multifaceted roles of CMAs (AAMA) in the PCMH were discussed in detail in 2009 and 2010 issues of *CMA Today*.<sup>2-4</sup>

With the enactment of the Patient Protection and Affordable Care Act, or the Affordable Care Act (ACA), in 2010, the usefulness and importance of the PCMH have come into sharper focus. The ACA and its regulations have resulted in an increased demand for primary care, a heightened emphasis on the efficient delivery of such care, and a greater empowerment of consumer-patients to choose a health insurance plan that aligns with their individual medical and economic situations. In light of these fundamental

changes in the American health system, the PCMH model is proving to be an adaptable paradigm for reconfiguring outpatient settings—especially their staffing structures.

To meet the rapidly evolving outpatient-care landscape, health systems and providers have created a variety of important and challenging staff positions—within both the PCMH and other delivery models—some of which did not exist six or seven years ago. Because the CMA (AAMA) is the only medical assisting credential that requires formal education, CMAs (AAMA) are uniquely suited to excel in these new roles. Specifically, graduation from a postsecondary, programmatically accredited medical assisting academic program is required of the CMA (AAMA). The thesis of this article, therefore, is that the cognitive, psychomotor, and affective competencies that are taught and verified in medical assisting programs accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP), as well as the content that is tested and verified in the CMA (AAMA) Certification Examination, differentiate CMAs (AAMA) from all other educated and credentialed medical assistants, and enable them to succeed in an unprec-

edented variety of advanced capacities in the ambulatory care arena.

The following are examples of these new positions, along with an explanation of the knowledge, skills, and professional attributes necessary to succeed in each position. I have provided excerpts from the “Core Curriculum for Medical Assistants” (“Core Curriculum”), which is part of the 2015 *Standards and Guidelines for the Accreditation of Educational Programs in Medical Assisting (Standards)* adopted by CAAHEP, the Medical Assisting Education Review Board (MAERB), and the American Association of Medical Assistants (AAMA) to demonstrate the readiness of CMAs (AAMA) to assume these positions.<sup>5</sup> I have also cited relevant sections of the current *CMA (AAMA) Certification/Recertification Examination Content Outline (Content Outline)* for the same purpose.<sup>6</sup>

*(Because of the shifting professional roles within primary care, there are many different names for the following positions, and considerable overlap in responsibilities. The titles of these roles vary throughout the United States, and even within health systems.)*

## Panel manager/prevention outreach specialist

Panel management (also known as *population management*) is a distinctly PCMH innovation. It is defined as follows:

Panel management groups patients with similar needs to improve their quality of care and health outcomes. By using a patient registry or other similar database, providers or ... [panel managers] can help manage routine aspects of care. Panel management creates a system where patients are systematically identified for gaps in care, preventive services, or chronic condition management. These systems can flag suboptimal lab values, prescriptions that have not been renewed, and needed vaccinations or referrals that have not been made.<sup>7</sup>

*Panel manager* and *prevention outreach specialist* are interchangeable titles for a professional who assists health care providers by identifying at-risk patients, contacting them, and encouraging them to follow the treatment plan established by the provider. Panel management not only helps patients get well or stay well but also enables providers to offer proactive, preventive care rather than reactive, remedial care. Preventive care is less costly than remedial care, so effective panel management results in healthier patients and lower costs to society as a whole.

The “Core Curriculum” of the *Standards* requires students in CAAHEP-accredited medical assisting programs to understand and explain to patients from different ethnic and cultural backgrounds the importance of health maintenance, disease prevention, and compliance with treatment plans.<sup>5</sup> The *Content Outline* of the CMA (AAMA) Exam includes health maintenance and disease prevention, as well as home monitoring of blood sugar, blood pressure, and cholesterol.<sup>6</sup> These knowledge elements, skills, and professional attributes prepare CMAs (AAMA) to function in panel manager and prevention outreach specialist positions in a variety of delivery settings.

## Patient navigator/advocate

Unlike most of the other nontraditional positions in a patient-centered environment, patient navigation or advocacy is recognized in federal statute—specifically, the Patient Navigator Outreach and Chronic Disease Prevention Act of 2005. Also, navigators are required in the ACA to share impartial information about and facilitate enrollment in qualified health plans.<sup>8</sup>

The following is a helpful definition of patient navigation<sup>9</sup>:

Patient navigation is a process by which an individual—a patient navigator—guides patients with a suspicious finding (e.g., test shows that they may have cancer) through and around barriers in the complex ... system to help ensure timely diagnosis and treatment. Barriers to quality care fall into a number of categories:

- Financial and economic
- Language and culture
- Communication
- Health care system
- Transportation
- Bias based on culture/race/age
- Fear

Patient navigation helps ensure that patients receive culturally competent care that is also:

- Confidential
- Respectful
- Compassionate
- Mindful of the patient’s safety

Another noteworthy difference between patient navigators or advocates and the other advanced professionals discussed in this article is that the former are usually employed by individuals and families, or agencies that assist individuals and families, and not by health systems or providers.

The “Core Curriculum” requires instruction about both the role of the medical assistant as a patient navigator and the ways to facilitate referrals to community resources.<sup>5</sup> The *Content Outline* includes these points, as well as interpersonal skills, such as displaying impartial conduct without regard to

race, religion, age, gender, sexual orientation, socioeconomic status, physical challenges, special needs, and lifestyle choices.<sup>6</sup>

## Wellness/health coach

Wellness or health coaching is defined by noted expert and author Thomas Bodenheimer, MD, in his *Training Curriculum for Health Coaches*. In this document, Dr. Bodenheimer also distinguishes the role from panel management:

Health coaching is a primary care innovation designed to solve or alleviate the problems of patients not understanding and/or not agreeing with clinicians’ advice. The goals of health coaching are: (1) to enhance the patient experience in primary care ... and (3) to offload some work from the clinician such that the clinician can pay greater attention to complex clinical problems and spend less time on routine preventive and chronic care functions that can be handled by nonclinician personnel using clinical algorithms and standing orders. ...

Coaching is closely tied to a related primary care intervention—panel management. While coaching is a function involving individual patients or small groups of patients, panel management is concerned with the entire population of patients cared for by a primary care practice [or] clinic.<sup>10</sup>

An indispensable element of successful wellness or health coaching is the ability to communicate with a wide variety of patients. The “Core Curriculum” specifically requires instruction about health coaching,<sup>5</sup> and the *Content Outline* includes demonstrating empathy, sympathy, and compassion as well as effective communication with diverse populations, including<sup>6</sup>:

- Visually or hearing impaired
- Seriously or terminally ill
- Intellectually disabled
- Illiterate
- Non-English speaking
- Anxious, angry, or distraught
- Socially, culturally, and ethnically diverse

## Community health worker

Community health workers (or professionals with a similar title) are found in many nations throughout the world.<sup>11</sup> The American Public Health Association offers this definition of a community health worker:

A community health worker [CHW] is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A community health worker also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support, and advocacy.<sup>12</sup>

Community health workers have vital roles in minority communities in the United States:

[Community health workers] also work to improve health outreach efforts to vulnerable patient populations. For example, the California Black Health Network uses CHWs to lead education and prevention programs for African-Americans to address major health conditions and patients' rights and responsibilities. The Community Health Worker/*Promotora* Network uses CHWs, or "promotoras," to "create connections between Latino communities, health agencies, and community-based organizations by addressing informational, cultural, socioeconomic, and linguistic gaps." Texas was a pioneer in authorizing promotora certification, and the large Latino immigrant presence in Texas, combined with a history of limited public funding for health care, has made promotoras a valuable health resource in many areas.<sup>13</sup>

Both the "Core Curriculum" and the *Content Outline* require students and examinees to have knowledge of and exhibit behaviors that are essential for a CHW.<sup>5,6</sup> The "Core Curriculum" requires the student to demonstrate empathy, active listening, and nonverbal communication skills, and to

demonstrate respect for individual diversity, including gender, race, religion, age, economic status, and appearance.<sup>5</sup> The *Content Outline* requires examinees to be knowledgeable about public health statutes regarding communicable diseases, vital statistics, and abuse, neglect, and exploitation of children and the elderly.<sup>6</sup>

## Patient care coordinator

The patient care coordinator (also known as *care coordinator*) position is perhaps the role that is most directly identified with the PCMH philosophy. Care coordination can be defined as "the deliberate organization of patient care activities between two or more participants involved in a patient's care to facilitate the appropriate delivery of health care services."<sup>14</sup> Care coordinators fulfill some of the following key elements of that organization<sup>15</sup>:

- Assume accountability for care coordination
- Provide patient support
- Develop relationships and agreements with key outside providers
- Establish connectivity that ensures appropriate information transfer

For many reasons, CMAs (AAMA) are the ideal candidates for patient care coordinator positions. What follows are some of those reasons.

**Critical thinking skills.** As reflected in the "Core Curriculum" of the 2008 *Standards*, and as further emphasized in the "Core Curriculum" of the 2015 *Standards*, graduates of medical assisting programs accredited by CAAHEP who have demonstrated their knowledge by passing the CMA (AAMA) Certification Examination have been taught and tested on the critical thinking skills essential for medical assisting practice. These same critical thinking abilities are readily applicable to patient care coordination. By employing scenario-based questions requiring analysis of the best courses of action in concrete situations, the CMA (AAMA) Certification

Exam is able to reinforce the education received in an accredited program and to assess whether candidates in fact have the necessary critical thinking skills.

**Ability to apply principles of medical law and ethics.** Patient care coordinators must "ensure that all care programs meet ... legal requirements," according to one source.<sup>16</sup> The "Core Curriculum" includes the following legal competencies that are also important for effective care coordination<sup>5</sup>:

- Describe components of the Health Insurance Portability and Accountability Act (HIPAA)
- Apply HIPAA rules as they relate to privacy and release of information
- Summarize the Patient's Bill of Rights
- Apply the Patient's Bill of Rights as it relates to choice of treatment, consent to treatment, and refusal of treatment

Many legal and ethical issues pertinent to care coordination are incorporated into the *Content Outline*, including the following<sup>6</sup>:

- Advance directives, including living wills and medical durable powers of attorney
- Americans with Disabilities Act (ADA)
- HIPAA, including health insurance portability and coordination of care to prevent duplication of services
- Health Information Technology for Economic and Clinical Health (HITECH) Act, including patient's right to inspect, amend, and restrict access to their medical record
- Consumer protection acts
- Confidentiality, including use and disclosure of personal protected health information (PHI), consent or authorization to release, drug and alcohol treatment records, HIV-related information, and mental health information
- Ethical standards

**Knowledge and competencies in many aspects of health care.** For several decades, a distinctive advantage of CMAs (AAMA) has been their ability to shift easily between many roles within an outpatient delivery setting. This versatility continues to be a trait of CMAs (AAMA). The current “Core Curriculum” and the *Content Outline* encompass a broad range of general, administrative, clinical, and managerial elements—many of which are directly applicable to care coordination.

Not only are CMAs (AAMA) versatile but they are also multiknowledgeable and multicompetent. This is due to the fact that the “Core Curriculum” and the *Content Outline* require students and examinees to demonstrate mastery of the general, administrative, clinical, and managerial elements in the cognitive, psychomotor, and affective domains. Consequently, the depth, breadth, and rigor of CAAHEP-accredited medical assisting education and the CMA (AAMA) Certification Exam (that uses the National Board of Medical Examiners for test development, scoring, reporting and interpretation, and Prometric for test delivery) uniquely equip CMAs (AAMA) for advanced functions, such as care coordination. ♦

*Share your story! If you are a CMA (AAMA) and employed in any of the positions discussed in this article, please e-mail us at [CMAToday@aama-ntl.org](mailto:CMAToday@aama-ntl.org). Let us know how you obtained your position and what your experiences have been.*

Questions? Contact Donald A. Balasa, JD, MBA, at [dbalasa@aama-ntl.org](mailto:dbalasa@aama-ntl.org), or call the AAMA at 800/228-2262.

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