

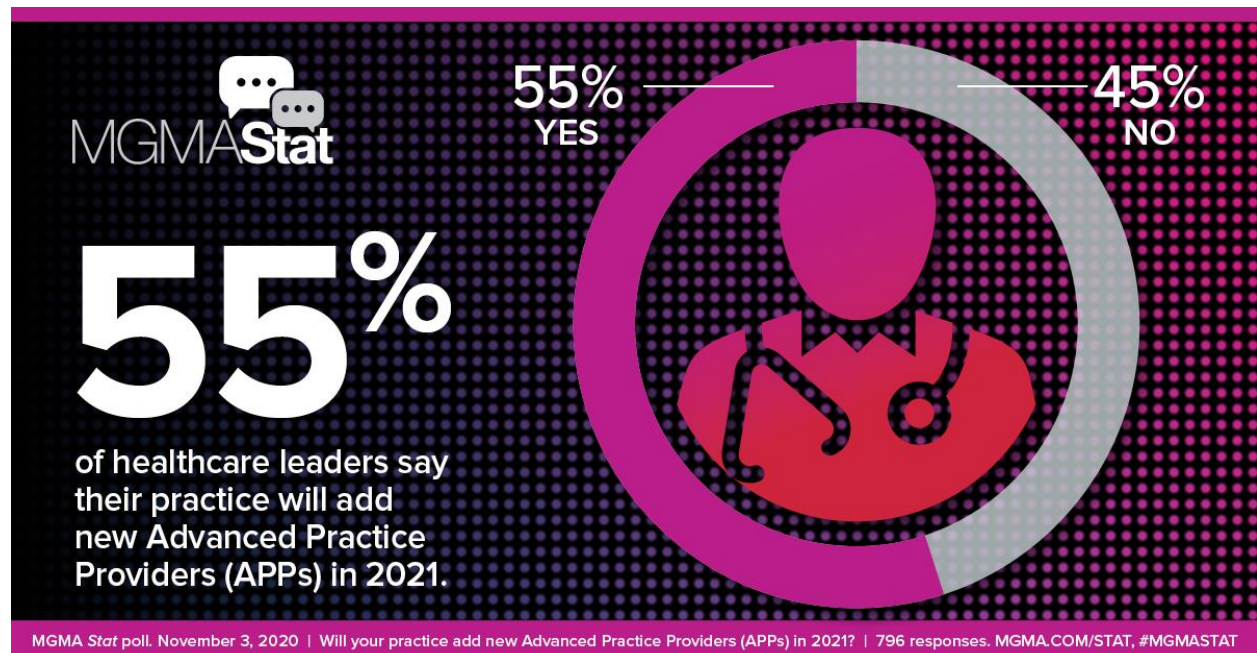


Medical Practices Look to Clinical Support Staff to Optimize Care Delivery in 2021

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Mike Delmonico CMPE, MBA, BSN, RN

MGMA STAT - NOVEMBER 5, 2020



The Medical Group Management Association’s most recent [MGMA Stat poll](#) asked healthcare leaders, “Will your practice add advanced practice providers (APPs) in 2021?” The majority (55%) said “yes,” compared to 45% who responded “no.”

The poll was conducted Nov. 2, 2020, with 796 applicable responses.

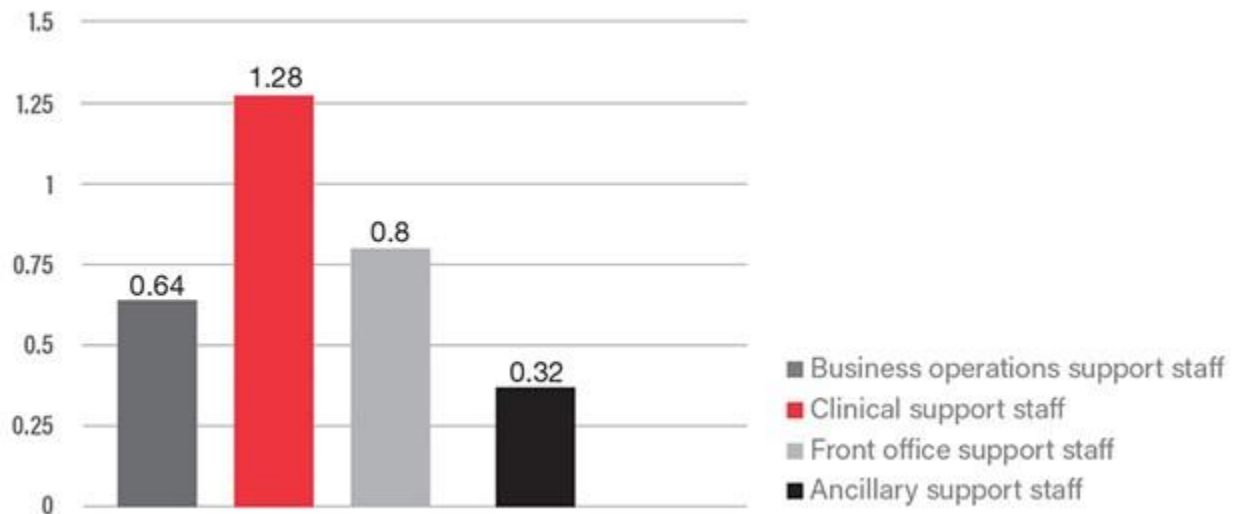
Key takeaways

- Among healthcare leaders looking to add APPs next year, more than two-thirds (68%) are considering adding nurse practitioners (NPs), and more than half (58%) say they anticipate adding physician assistants (PAs).
- About 66% of respondents not planning to add APPs in 2021 said they do utilize APPs, versus only 34% who do not.

How important are clinical support staff to practice staffing models?

New insights from the [2020 MGMA DataDive survey reports](#) provide evidence that **the clinical support staff grouping of roles — including medical assistants (MAs) and nursing positions — make up the majority of medical practice support staff in multispecialty groups with primary and specialty care, compared to any other subset measured (e.g., front office support staff, ancillary support staff).**¹

Total support staff per FTE provider for multispecialty with primary and specialty care



Source: 2020 MGMA DataDive Cost and Revenue

Support staff groupings for [MGMA DataDive](#) include clinical, business operations, front office and ancillary. The clinical support staff grouping includes MAs and nursing roles. MA roles include MAs, patient care assistants and nursing assistants. Nursing roles include registered nurses (RNs), licensed practical nurses (LPNs) and triage nurses.

The demand for clinical support staff is driven by the diversity and magnitude of the functions required by medical practices to be successful. **To deliver effective patient care and succeed under a variety of payment and practice arrangements, these clinical support staff roles must encompass sufficient understanding and skills to address clinical, administrative, health system, payer, regulator and accrediting agency demands.**

For example, the medical practice check-in process alone highlights the numerous expectations assigned to these roles. While the clinical support staff professional collects vital signs and rooms the patient, he or she may also be addressing transitions of care, gaps in care, levels of engagement and social determinants of health issues with the patient — all the while being mindful of hand hygiene, patient privacy and the need for precise documentation within the EHR.

Although variations exist among the roles that make up the clinical support staff, it is common for the

professionals within this grouping to have one to four years of post-secondary or college education, recognition as licensed and/or certified healthcare professionals, relatively broad scopes of practice (as allowed state by state) and a combination of clinical and administrative practical abilities.

The American Association of Medical Assistants (AAMA) has identified 95 key task statements and 60 key knowledge statements toward defining the medical assistant scope of practice as used in the development of its national certification exams.^{2,3} The National Council of State Boards of Nursing (NCSBN) is an organization of state boards of nursing and related regulators that compile and monitor information on scope of nursing practice and standards of care.⁴ **The websites associated with these two organizations are excellent starting points for understanding the full range of authority and functions allowed for professionals who occupy clinical support staff roles.**

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State Scope of Practice Laws

State Scope of Practice Laws

Scope of practice laws for medical assistants may vary by state.

Key States | Review the key states listed below for specific language pertaining to medical assisting scope of practice.

State Sections by Abbreviation

AK	CO	HI	KS	ME	MT	ND	OK	SD	VT	
AL	CA	DC	IA	IL	IN	NC	NH	OH	RI	VA
AR	DE	GA	LA	MA	MD	MI	MO	NE	NJ	NY
AZ	FL	IL	IN	IA	MD	NC	ND	RI	SD	VT
CA	GA	HI	KS	ME	MT	ND	OK	SC	VA	WY

Your State | For specific questions regarding your state, submit your query below.

Key State Scope of Practice Laws

Alabama
Letter Respecting Deletable Duties in Alabama
Alabama BON Administrative Code, Chapter 850-a-01, Standards of Nursing Practice

Alaska
Alaska State Medical Board: Standards for Delegation of Routine Duties

Arizona
Arizona Revised Statutes 12-1006: Medical assistants, use of title, education, certification
Notice of Final Rulemaking, Title 4, Professions and Occupations, Chapter 12-1
Content Requirements for CAAVNP Accredited Medical Assistant Programs

Arkansas
Act 872: An Act to Authorize Physicians and Podiatrists to Determine the Performance of Some Specific Procedures by Employees and for Other Purposes
Resolution 11: Physician Delegation Resolution

Table 1. Ranked task statements

Task statements	Major domain	Importance
1. Maintain confidentiality and patient privacy (Health Insurance Portability and Accountability Act of 1996 (HIPAA))	Legal and ethical issues	3.87
2. Work within scope of practice	Legal and ethical issues	3.86
3. Respect patient preferences without personal bias (respect for gender, ethnicity, developmental level, sexual orientation, etc.)	Legal and ethical issues	3.81
4. Comply with the organization's policies and procedures	Legal and ethical issues	3.80
5. Maintain appropriate hand hygiene	Clinical competency	3.79
6. Maintain accurate patient records using appropriate medical terminology	Legal and ethical issues	3.79
7. Maintain patients' personal boundaries	Legal and ethical issues	3.79
8. Maintain professionalism (with vendors, patients, colleagues, etc.)	Communication	3.88
9. Review medications and allergies	Clinical competency	3.82
10. Maintain respect for cultural diversity	Communication	3.81
11. Comply with mandatory reporting requirements (Federal and state)	Legal and ethical issues	3.81
12. Adhere to standards related to patient safety	Clinical competency	3.81
13. Establish rapport with patients	Communication	3.79
14. Apply universal precautions	Clinical competency	3.79
15. Interact with patients at the level of each patient's understanding	Communication	3.77
16. Stay up to date with facility policies and procedures	Communication	3.77
17. Adhere to federal and state regulations pertaining to rooms	Legal and ethical issues	3.76
18. Obtain patient vital signs	Clinical competency	3.76
19. Document details of interaction with patients	Clinical competency	3.76
20. Identify and adapt approach to communication barriers (e.g., language, special needs, age)	Communication	3.76
21. Review and document reason for visit (including chief concern and associated signs and symptoms)	Clinical competency	3.74
22. Maintain current consent, release forms, and contracts	Legal and ethical issues	3.74
23. Recognize how cultural differences impact patient treatment plans and adjust accordingly	Communication	3.73
24. Report findings to the provider	Clinical competency	3.73
25. Appropriate cleaning and sterilization of equipment and rooms	Clinical competency	3.73
26. Appropriate use of medical equipment and quality control checks	Clinical competency	3.72
27. Obtain orders from the provider	Clinical competency	3.71
28. Ensure all parties understand the plan of care	Communication	3.71

In addition to the relative scopes of practice, there are four other notable qualities that these roles contribute to medical practice success:

- Many of the clinical support staff functions are patient-facing and represent important moments during visits and during follow-up communications between visits that impact successful patient engagement.
- Most of the clinical support staff functions are either directly billable, in direct support of billable services, or in direct support of value-based care and population health performance measures that result in payments to the practice.
- Clinical support staff roles can (in a pinch or by design) back up other support staff roles — such as front desk, call center and billing office positions — but the reverse is not necessarily true.
- Clinical support staff roles are generally categorized as non-exempt, hourly positions and — through a staffing model that includes a combination of full-time, part-time and per diem assignments — present the possibility of flexing staff schedules as demand dictates.

MGMA's new Research & Analysis report, *Optimizing Advanced Practice Providers in Healthcare*,⁵ highlights important advanced practice provider (APP) trends within medical practices, examining nurse practitioner (NP), physician assistant (PA) and advanced practice registered nurse (APRN) roles. In recent years, the APP-to-physician ratio has increased as has the compensation for APPs. The report also summarizes the diverse and value-adding capabilities of APPs.

Similarly, information from the 2020 MGMA DataDive and associated reports demonstrates important clinical support staff trends as being:

- The APP-to-physician ratio has **increased from 0.42:1 in 2012 to 0.60:1 in 2019**, according to MGMA DataDive Cost and Revenue.⁶
- About 67% of MGMA Better Performer practices employ APPs; for physician-owned practices, that rate jumps to almost 87%.⁷

The U.S. Bureau of Labor Statistics (BLS) job outlook for MAs estimates 19% growth from 2019 to 2029, much faster than the average for all occupations. Per BLS, “[t]he growth of the aging baby-boom population will continue to increase demand for preventive medical services, which are often provided by physicians. As a result, physicians will hire more assistants to perform routine administrative and clinical duties, allowing the physicians to see more patients.”⁸

The BLS job outlook for registered nurses (RNs) projects 7% growth from 2019 to 2029, also faster than the average for all occupations. Per BLS, “[g]rowth will occur for a number of reasons, including an increased emphasis on preventive care; increasing rates of chronic conditions, such as diabetes and obesity; and demand for healthcare services from the baby-boom population, as this group leads longer and more active lives.”⁹

Clinical support staff professionals are dynamic and capable of meeting new medical practice demands as they arise. The performance of clinical support staff can directly and significantly impact the level of success achieved for the entire medical practice across ownership [e.g., hospital, integrated delivery system (IDS), or physician owned], specialty (primary care or other medical-surgical specialties) and payment (e.g., fee-for-service, value-based care or population health) arrangements.

How important are clinical support staff roles to medical practice staffing models? While business managers can identify productivity and revenue objectives for medical practice financial success and while informatics specialists and accountable care organization (ACO) representatives can point the way for medical practice value-based care and population health success — it is the clinical support staff along with the physician and advanced practice providers who are responsible for implementing the plan, patient by patient.

MGMA STAT

Would you like to join our polling panel to voice your opinion on important practice management topics? MGMA *Stat* is a national poll that addresses practice management issues, the impact of new

legislation and related topics. Participation is open to all healthcare leaders. Results of other polls and information on how to participate in MGMA *Stat* are available at: mgma.com/stat.

Notes

¹ 2020 MGMA DataDive. Available from: www.mgma.com/datadive-overview.

² AAMA. "State Scope of Practice Laws." Available from: <https://www.aama-ntl.org/employers/state-scope-of-practice-laws>.

³ AAMA. 2018-2019 Occupational Analysis of Medical Assistants. Available from: <https://www.aama-ntl.org/docs/default-source/about-the-profession-and-credential/oa.pdf?sfvrsn=13>.

⁴ NCSBN. "Find Your Nurse Practice Act." Available from: <https://www.ncsbn.org/npa.htm>.

⁵ MGMA. *Optimizing Advanced Practice Providers in Healthcare*. October 2020. Available from: www.mgma.com/apps.

⁶ 2020 MGMA DataDive Cost and Revenue dataset.

⁷ 2017 MGMA DataDive Better Performers dataset.

⁸ BLS. "Medical Assistants." Occupational Outlook Handbook. Available from: <https://www.bls.gov/ooh/healthcare/medical-assistants.htm#tab-1>.

⁹ BLS. "Registered Nurses." Occupational Outlook Handbook. Available from: <https://www.bls.gov/ooh/healthcare/registered-nurses.htm#tab-6>.

The banner features a dark background with a blue and white color scheme. On the left, there is a small image of a person's hands holding a stethoscope, with the text "Optimizing Advanced Practice Providers in Healthcare" and the MGMA logo below it. To the right, a blue box contains the text "FREE REPORT". Below this, the title "OPTIMIZING ADVANCED PRACTICE PROVIDERS" is written in large, bold, blue letters. Underneath, a paragraph describes the report's focus on the projected physician shortage and the role of APPs, listing key topics like guidelines, regulations, compensation, and state-by-state rules. At the bottom, it states "19 pages. PDF. Free to all."

ABOUT THE AUTHOR

Mike Delmonico, CMPE, MBA, BSN, RN

Mike Delmonico Consulting, LLC

www.mikedelmonicoconsulting.com