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

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A recent Medical Group Management Association (MGMA) *Stat* poll asked healthcare leaders, "Will your practice add advanced practice providers (APPs) in 2021?" The majority (55%) said "yes," compared with 45% who responded "no."

The poll was conducted November 2, 2020, with 796 applicable responses.
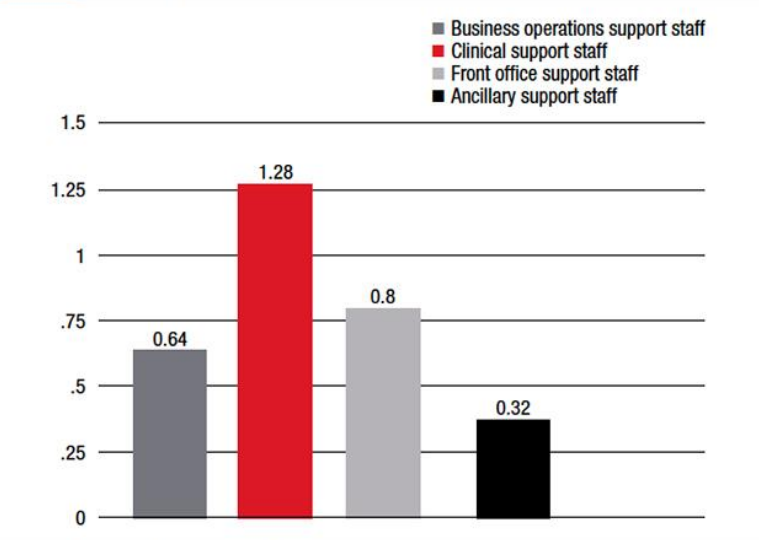
Key Takeaways

- 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 with any other subset measured (eg, front office support staff, ancillary support staff; see **Figure**).[1]

| Figure | Total Support Staff per FTE Provider for Multispecialty with Primary and Specialty Care |

Legend:
- Business operations support staff
- Clinical support staff
- Front office support staff
- Ancillary support staff

Values shown:
- Business operations support staff: 0.64
- Clinical support staff: 1.28
- Front office support staff: 0.8
- Ancillary support staff: 0.32

FTE indicates full-time equivalent.
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 MA and nursing roles. MA roles include MAs, patient care assistants, and nursing assistants. Nursing roles include registered nurses (RNs), licensed practical nurses, 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 electronic health record.

Although variations exist among the roles that make up the clinical support staff, it is common for the professionals within this grouping to have 1 to 4 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 has identified 95 key task statements and 60 key knowledge statements toward defining the MA scope of practice as used in the development of its national certification exams.[2,3] The National Council of State Boards of Nursing 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 2 organizations are excellent starting points for understanding the full range of authority and functions allowed for professionals who occupy clinical support staff roles.

In addition to the relative scopes of practice, there are 4 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 and analysis report, *Optimizing Advanced Practice Providers in Healthcare*,[5] highlights important APP trends within medical practices, examining NP, PA, and advanced practice registered nurse 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 US 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, "The 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 RNs projects 7% growth from 2019 to 2029, also faster than the average for all occupations. Per BLS, "Growth 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 (eg, hospital, integrated delivery system, or physician owned), specialty (primary care or other medical-surgical specialties), and payment (eg, 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 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 APPs 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.

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