

Medical Assistant Training—How an EHR Optimization Team Can Supplement a Standardized Medical Assistant Training Program

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None of the presenters have any disclosures.

Agenda

- What is our Sprint program?
- How did COVID-19 impact the model?
- What is our MA Academy?
- How does our Sprint team supplement our standardized MA Academy?
- **Questions and Discussion**

UCHealth

Academic hub in Aurora, Colorado

The health system spans the entire state and parts of Wyoming and Nebraska.

Large integrated health network

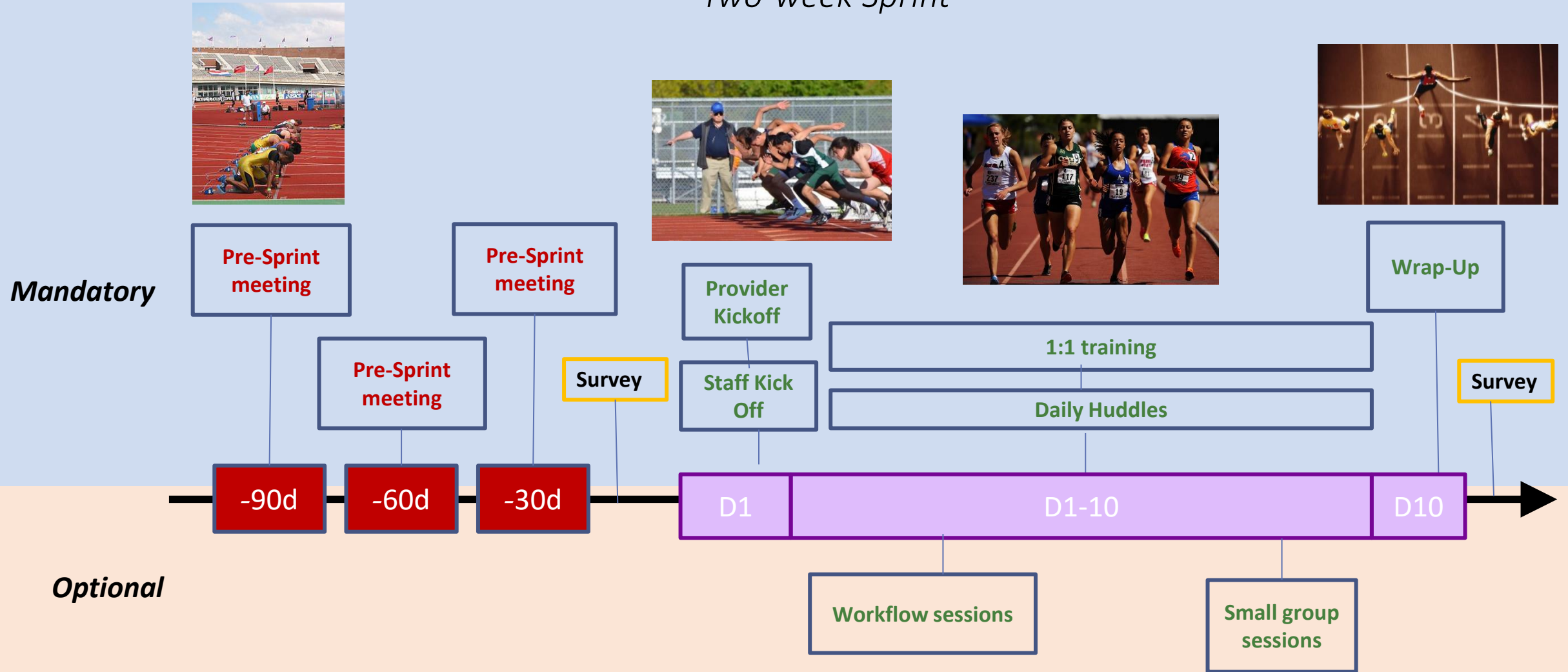
- Academic
- Community Medical Group
- Community Connect
- FQHC

Brief stats

- 12 hospitals (+ 3 Community Connect)
- 5000+ providers
- 450+ clinics

Sprint: The Big Picture

Two-week Sprint





We work with clinicians and staff to discover and improve the critical intersections between the EHR and clinical workflows to provide a more satisfying provider, staff and patient experience.

- UCHealth Sprint team mission

Each Sprint includes:

- 1 Physician Informaticist
- 1 Clinical Informaticist
- 1 Project Manager
- 4 Trainers
- 3 Analysts

•**Workflow sessions** allow the Sprint team “into” the clinic. Users can share their screen and show us how they do their day-to-day work.

- We can determine what work in the EMR is happening- by which care team member and in what phase of the care
- We can view where steps in care affect the patient- to focus on patient experience
- We can look at scope- to facilitate each person working to the top of their license, but staying within scope
- We can offer feedback



•**Group sessions** will have a theme or a topic advertised in advance and will include 5-10 minutes introducing topic and 20+ minutes for staff to try this skill and ask questions

- We can teach standardized workflows and best practices
- We can allow users to create custom tools to help do the standardized work
- We can answer their questions in real time

Dismiss



Hutchings, Sarah named the meeting to REQUIRED: PROVIDER (VIRTUAL) Sprint Kickoff for CCMC - Gyn, Rheum and Endo, Oncology, Ortho and OT, Urology.

Monday, May 17, 2021

Hutchings, Sarah named the meeting to **REQUIRED: PROVIDER (VIRTUAL)** Sprint Kickoff for CCMC - Gyn, GI, IM and Infusion, Rheum and Endo, Oncology, Ortho and OT, Urology.

Today

6:50 AM Meeting started

Recording has started

Least visited

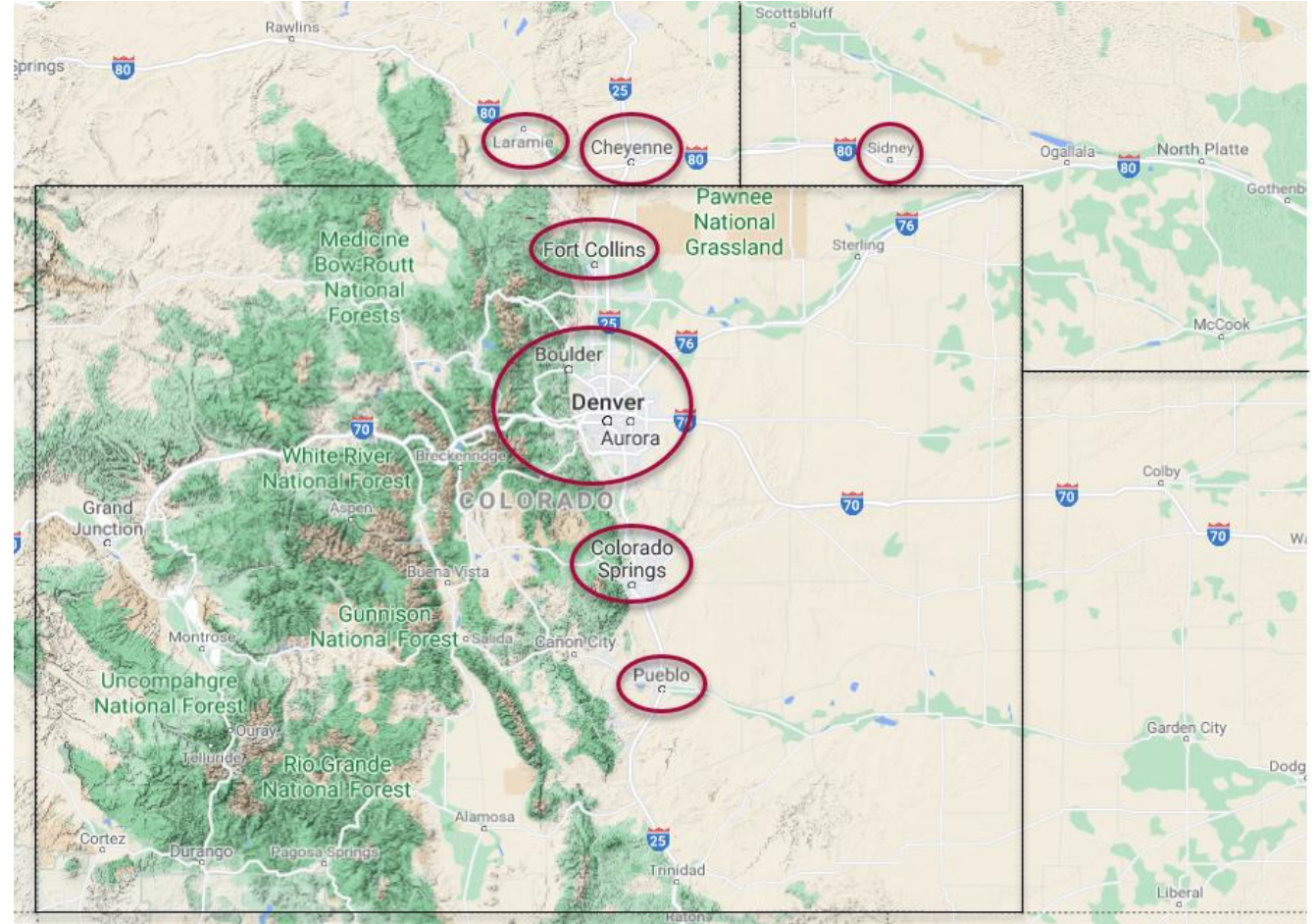
Elva, Jonathan: 7:28 AM

Is there a way to see the patients upcoming appointments with you on storyboard?

[illegible]

Benefits of Remote Sprints

- Geographic separation no longer an issue for clinics
- Remote participation from offsite locations
 - Satellite locations
 - Use of administrative time
- Quick access to resources
- Physical space in clinic no longer an issue
 - Noise pollution from our team
 - Not enough room in tight clinics



MA Academy

Part 1 is offered to all MAs at UCHA

- Patient experience
- Scope of practice
- Protocols and policies
- General clinical skills
- Epic functionality training
- Medication Reconciliation

Part 2 is a training for MAs in transformed clinics

- Basic skills for In Room Documentation Support
- Additional training in Care Gaps
- SOAP Note documentation

MA Testimonials

"I'm always going to be empathetic with the patients so I can give them the best care possible."

"Making sure I do not work outside of my scope of practice, as well as learning about HIPAA."

"The rooming process, medication reconciliation and knowledge about the MA scope of practice will come in really handy once I go into a clinic."

I appreciated having my instructors close by to help me with any questions that I had."

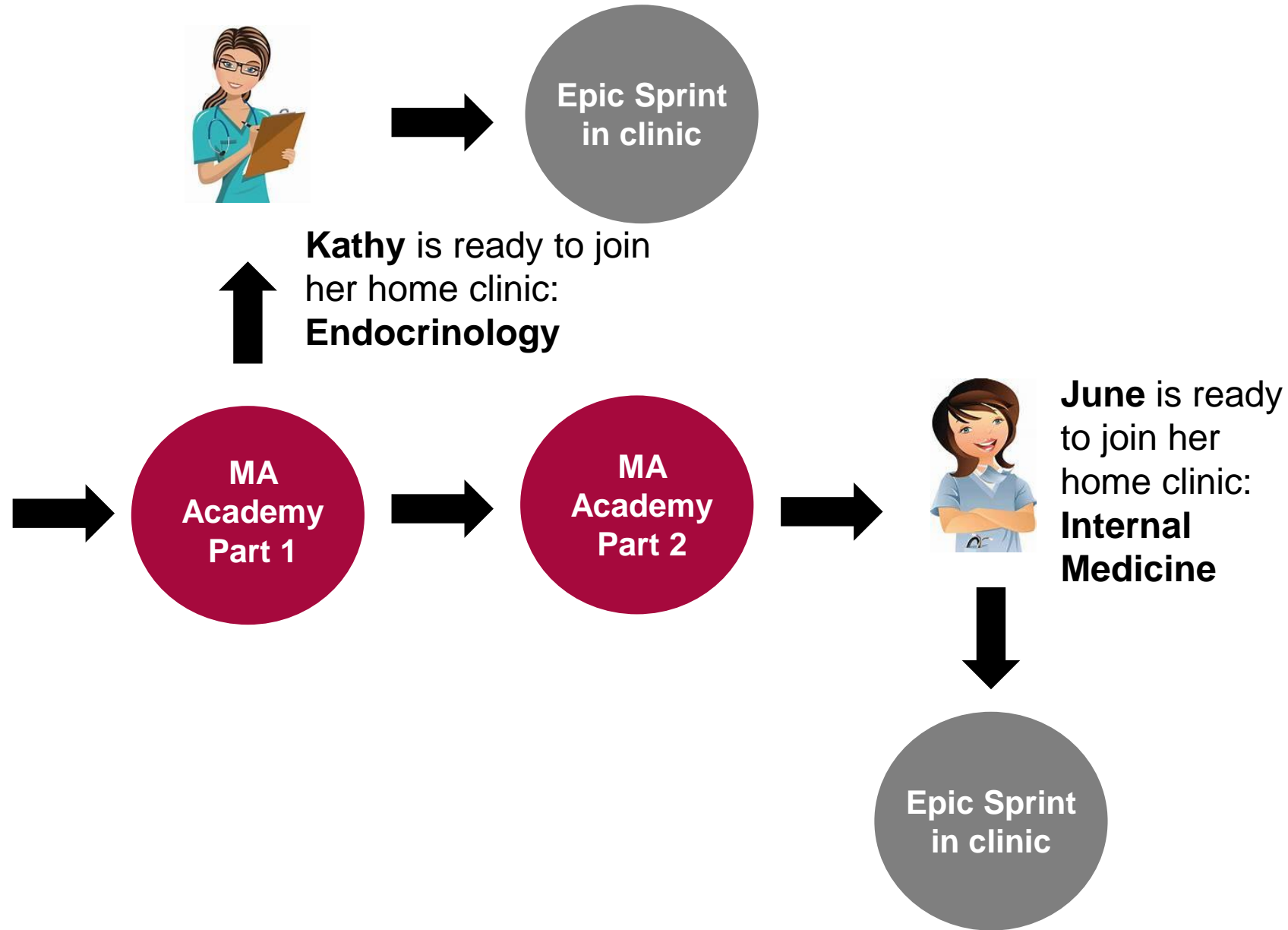
"I am grateful to have such great instructors who share their experiences."

"I appreciate that the teachers were thorough with instructions and lessons."



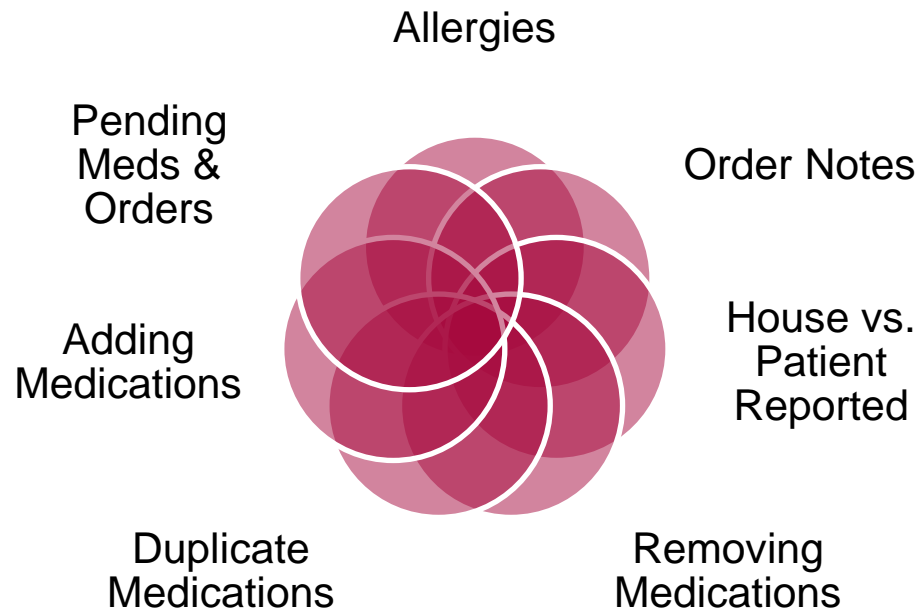
"From now on, I will introduce myself as a MA not 'just a MA.'"



June and Kathy are newly hired Certified Medical Assistants



Medication Reconciliation – MA Academy

- Med Rec- extensive training in MA Academy
- Scope of Practice



	Scenario	When patient reports no longer taking a medication, the qualified clinical staff is allowed to remove medication from list if:	User Should Document the Following Removal Reason in EPIC
These apply ONLY to Patient Reported Medications. 	1. Medication is documented as Patient Reported	<ul style="list-style-type: none"> If the patient reports no longer taking a medication that is documented as a reported entry, it can be removed from the list. 	Med Hx: Pt reported med—reports no longer taking
	2. Error in documentation of a Patient Reported medication	<ul style="list-style-type: none"> A patient reported medication has information that is erroneous, or inaccurate. <ul style="list-style-type: none"> Example: patient is taking Combivent, but it was entered as Combivir. Remove the Combivir as an error. 	Med Hx: Erroneous Entry
 These apply ONLY to Outpatient Orders (house symbol) and Facility Administered Medications (FAM) (syringe symbol).	3. Duplicate Medication	<ul style="list-style-type: none"> If the outpatient order or FAM has an identical entry on the medication list (medication, dose, route, frequency). If the outpatient order or FAM is the same as another medication on the list but has a different dose, and the patient can confirm which dose is no longer being used. Duplicate medications should not be removed from the medication list if both products are being used by the patient (or will be used in the future). 	Med Hx: Duplicate Medication
	4. Course of therapy completed	<ul style="list-style-type: none"> If the outpatient order or FAM was prescribed for a short period of time and has finished, the medication may be removed. <ul style="list-style-type: none"> For example, the patient had a short course of antibiotics and no refills remain, or the patient was given a single prescription for pain medication with no refills. If the patient's provider instructed the patient to stop therapy, then the therapy is considered completed and may be removed using this reason. 	Med Hx: Pt reports therapy completed
	5. Old prescriptions	<ul style="list-style-type: none"> If the patient reports no longer taking an outpatient order or FAM that is expired, the recorder may remove the medication from the list. 	Med Hx: Expired medication order
	6. Requested removal through My Health Connection	<ul style="list-style-type: none"> If user can see that patient requested that an outpatient order or FAM be removed through My Health Connection and the recorder can verbally confirm with the patient that this is the case, the recorder may remove the medication. 	Med Hx: Other (See Order Note). Write order note that removal was requested via My Health Connection
	7. DME Orders	<ul style="list-style-type: none"> One time DME orders for a device or service with 0 refills may be removed once the patient can confirm that the service or device has been obtained. CPAP, Oxygen, and other DME orders for devices that have refills (such as insulin pens, needles, etc.) may only be removed following the situations listed above for other outpatient orders (scenarios 3-7). 	Med Hx: Other (See Order Note). Write order note describing that the DME was fulfilled
Flagging the Outpatient Order or FAM	8. None of the above	<ul style="list-style-type: none"> When a patient reports not taking an outpatient order or FAM because of a scenario NOT mentioned in scenarios 3-8, the medication MUST be flagged for the provider to review with patient for decision of whether to remove the medication from the list and an order note must be written describing the scenario. 	Do not Remove. Click Red X and then 'Flag for Provider Review with PT' and write an order note

Medication Reconciliation – Sprint

- Partner with clinics to teach to clinic-specific workflows
- Review the role of the MA in med rec
- Review reconciling outside medications
- Customization of EMR

albuterol HFA 90 mcg/actuation inhaler

Use if patient stopped med or changed how they were taking the med without provider knowledge. The Provider who is in charge of the patient's current encounter is responsible for addressing flagged medications. Flags will disappear at the end of the encounter and appear as active medications if not addressed.

Removes med from home medication list without further review by provider, including if entry was erroneous. Use appropriate "Med Hx" reason to document why the medication is being removed. "Med Hx" reasons will also remove meds from the AVS without creating a "Stop Taking" entry.

Reason:

List view: ☒ Meds & Procedures ☐ Associated Dx ☐ Pharm Subclass

Show: ☐ Summary ☐ Med History ☒ Med Notes

☒ Guidelines ☐ Dose, Frequency ☐ Dose, Route, Frequency ☐ Dispense as Written ☒ Patient Sig ☐ Start ☐ End ☐ Ord/Sold

☒ Ordered on ☒ Authorized by ☐ Discontinued On ☐ DC Reason ☒ Dispense ☒ Refills ☐ Last Dispense ☐ Pharmacy

☐ Prior Authorization ☐ Dx Associated ☐ Order Report Link ☒ Adherence (Dispenses) ☒ Taking ☐ Long-term ☒ Med Note

☐ Last administered ☐ Last Dose Request By ☐ Request Dose Button ☐ Schedule Button ☐ Intervention Buttons

☐ Administer Button ☒ Change/Modify Button ☒ Reorder Button ☒ Discontinue Button

Alphabetical

albuterol HFA 90 mcg/actuation inhaler

Inhale 1-2 puffs into the lungs every 4 hours as needed for wheezing reactive airway disease.

Disp-6.7 g, R-1, Normal

Pharmacy may substitute with a different package size.

Last Dose: Not Recorded

Refills: 1 ordered Pharmacy: KING SOOPERS #620069 - AURORA, CO - 4271 S BUCKLEY RD

Difference between MA Academy and Sprint

MA Academy

- Clinical Skills
- Workflows
- Policy and Compliance

Sprint

- EHR functionality
- Customize the EHR to improve efficiency and optimize workflow

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June can take what she knows about scope of practice from the MA Academy, and then apply it to workflows like med rec while the sprint team helps her to use best practices in the EMR.

Conclusion on the story- next steps

- Include professional development in sprint planning- med rec- make sure we are aligned/partner
- Ongoing collaboration to make sure that initial MA training aligns with downstream efficiency and optimization strategies. Continuing to build relationships



June is now more involved and engaged. She has more knowledge about med rec. She feels like her work is an important contribution to the patient's care.

Thank you for attending today.

We would love to take any questions!