MA DSRIP TA marketplace

CASE STUDY

Community Care Cooperative Medical Assistant Upskilling Initiative

ACO: Community Care Cooperative

Community Care Cooperative (C3) is a network of 18 federally qualified health centers (FQHCs) serving over 125,000 MassHealth members. They are currently the only ACO in Massachusetts founded and governed exclusively by FQHCs.

TA Vendor: Community Health Center, Inc.

Community Health Center, Inc. (CHC Inc.) offers interactive education programs that connect multidisciplinary specialty teams with primary care providers and staff to help manage high cost, complex care. They support care improvement and transformation of healthcare delivery and develop health professions training programs.

Project Description:

Medical assistants (MAs) and other clinical leaders at nine of C3's 18 FQHCs participated in a training on interprofessional team-based care developed by CHC Inc.'s subsidiary, the National Institute for Medical Assistant Advancement (NIMAA). The training curriculum led to MAs developing new skills to contribute to more integrated clinical teams.

TA Project Timeline: January 2019- September 2020

Identified Challenge

C3's board had a strategic objective to "develop and train (their) workforce to meet current and future workforce needs". C3's FQHCs had not previously provided training to their medical assistants and saw an opportunity to elevate their role in value-based care arrangements.

Background

C3 had connected with CHC Inc. before TA Card funds were available through the MA DSRIP TA Program and had hoped to collaborate with them in the future. Once the TA Program began, C3 saw an opportunity to create a partnership with CHC Inc. to develop MA training in pursuit of its strategic objective to develop its workforce. CHC Inc. had an existing MA training curriculum that they could tailor to C3's specific needs, which enabled them to get started on the TA project efficiently.

At the outset of the engagement, C3's leadership indicated to FQHC leaders that they had to prioritize MA training for implementation to succeed. For FQHCs to participate in the MA training, they had to call out training as an objective in their site-level strategic plan and allocate resources to provide time for staff to participate in the training.

TA Project Objectives

C3 sought TA from CHC Inc. (and its subsidiary NIMAA) to develop skills-based training for their MA workforce and provide a leadership collaborative forum for MAs' clinical managers to, in turn, support the development of their staff. The goals of the TA engagement were to support MAs to develop new skills, enable them to work in team-based care models and perform population health management functions essential to value-based payment arrangements, and to improve their job satisfaction.

TA Project Development

C3 reported that they set clear expectations with CHC Inc. about the roles of each team member in the TA project, which worked well throughout the engagement and set the foundation for a collaborative relationship. CHC Inc.'s content and project management expertise complemented C3's operational expertise. CHC Inc.'s team (including NIMAA) oversaw scheduling, communication with leadership of FQHCs, and program design of the training and leadership itself. C3 was able to organize its FQHCs and leadership to implement the training effectively.

C3 was also able to implement the MA training quickly – only two months after the project kicked off. They credited this to their existing relationship with CHC Inc. and the existing CHC Inc. curriculum for MAs, which served as the foundation for the new, customized training.

> *We were very deliberate in our negotiations with (CHC Inc.) to be clear about roles and who was going to be doing what.*
>
> — *C3 TA project team member*

TA Activities

C3 implemented three main TA activities with CHC Inc. as part of this TA project: :

1. **Conducted a pilot training program to finalize design of training curriculum**. The first step of C3 and CHC's collaboration was a co-design process for the training content. Using an initial training design from CHC Inc., C3 conducted a training pilot with a very small group of MAs to get feedback on the MA training via focus groups. A C3 leader also held individual hour-long calls with FQHC leaders to gain their buy-in, discuss what to expect and how to incorporate the training into their workflow. Nine FQHCs were interested and ultimately participated in the training program. C3's Chief Medical Officer and Chief of Practice Transformation periodically attended co-design meetings between C3 and CHC Inc. to offer their input before they officially launched the training.

2. **Deployed MA training curriculum**. After the design was completed, CHC Inc. deployed the MA training curriculum. Each participating FQHC's executive director identified a clinician "champion" responsible for ensuring progress of the MA training. The clinician champion also ensured that other FQHC staff understood the MAs' new potential on their teams as a result of the training and participated in the leadership collaborative (see below). Human resources staff at the FQHCs were included for parts of the MA training that included job descriptions, performance review expectations, and discussion of the MA career ladder. The MA training began with a session to set expectations of the training and MAs completed a pre-training skills assessment. Then, MAs participated in one to two hours of training per week on their own or with colleagues. CHC Inc. kept track of each MA's progress and reported back to the MA managers weekly on whether their staff were keeping up with the modules. A closing live session allowed the MA cohort to reflect on the training and connect again with the trainers. Finally, the MAs needed to pass a skills test, compared to their pre-training assessment, to enable C3 to measure the change over time. C3 also deployed a satisfaction survey to the MAs to evaluate their experience with the training.

3. **Developed clinical manager leadership collaborative curriculum**. In contrast to the MA training, which was customized from an existing curriculum, the CHC Inc. leadership curriculum needed more ground-up design, focused on helping leaders support the integration of MAs' new skills into operations. Like the MA training, C3 also participated in a co-design process with CHC Inc. to develop it. The participants in this training were MA managers (including chief nursing officers, clinical specialists and others), and FQHCs' clinical champions responsible for managing the MA training, as mentioned above.

Outcomes and Global Impact:

131 MAs completed the training curriculum during the duration of the TA project, across nine FQHCs. As reported in the MA satisfaction survey, a vast majority of these clinicians agreed or strongly agreed that the training met their expectations and helped them see the value they bring to their care teams.

C3 hopes to build on the success of the training. They planned to offer it again to more MAs across their FQHCs and hoped to see even more active participation from MAs. C3 intends for the training to build leadership capacity among MAs for them to be able lead new projects, for example, identifying and addressing disparities among their patient populations. C3 also hopes to expand the breadth of training MAs receive in the future to continue to expand their role on care teams. C3 will update the training curriculum to include content on telehealth and digital equity, for example.