

EBHWP MA Training & Per Diem Pool Program -- Informational Interview Responses

		Question 1	Question 2	Question 3	Question 4
Community Health Center	Interviewees	EBHWP is thinking about creating a joint opportunity to train current MAs to perform higher level duties and create an overall MA training program to meet the needs of your organization. Is this something your organization might be interested in? Please explain.	EBHWP is working with 14 health provider organizations, Contra Costa College (CCC), and Kaiser Permanente (KP) School of Allied Health. CCC and KP currently have MA training programs. EBHWP is thinking of increasing their program capacity and working collaboratively to meet the needs of our health providers. Do you have a need for more MAs? If so, what skills are you looking for in an MA? If not, is there another provider type you need? What is it?	EBHWP is thinking about creating a float pool or registry for MAs. Trained MAs might be employed on a per diem basis, and if your organization is interested in offering full or part-time employment to the MAs of choice, you would be able to do so. Is this something that your organization might be interested in participating in? What specific items would you like to see if such a program was built?	An idea that has been discussed is to have each health organization subsidize the cost of training of MAs of their choice. The MAs would then repay the organization through commitments of specific months of service to the organization. Is this an idea your organization might be interested in? Why or why not? What would make this type of program appealing to you? What barriers do you think may need to be addressed?
Asian Health Services	Paul Liem (HR Director), Dong Suh (Chief Deputy of Admin.), Nina Ninalga (HR Manager)	Yes, interested in participating in the joint MA training. // Considerations: AHS employs Health Coaches (advanced MAs). Must consider the different responsibilities of Health Coaches and MAs at other employers. Would like to learn about these differences.	Yes, do need more MAs/Health Coaches // Skills: Soft skills including customer service, being a proactive MA to the provider, counseling skills; having the aptitude to multi-task effectively, communication effectively via EHR; ensuring patients are taking their medication; committing to accurate medication reconciliation; EHR chart preparation/appropriate chart documentation based on doctors' orders; performing labs // Consideration: Important to train MAs in an FQHC setting to understand workflows and processes	Yes, interested in participating in the float pool program. // Consideration: Ensure that the float pool has MAs w/ advanced health coach skills (e.g., motivational interviewing, panel management) // Challenges: Different workflows, processes, and protocols across multiple sites. Language needs include Cantonese, Mandarin, Vietnamese // Opportunities: Float pool can serve as a recruiting source for qualified MAs, and function as a temp agency // Question: How long can MAs be employed for? Must be a reasonable amount of time considering on-boarding/training requirements.	Maybe. This type of program makes more sense for clinicians. Must consider the cost, and compare this to the cost of recruiting MAs in a traditional way.
Tiburcio Vasquez Health Center	Vincent Kot (Interim HR Manager), Caleb Sandford (COO)	Yes, interested in participating in the joint MA training program.	Currently, do not have a need for more MAs. // Skills: Strong motivation and desire to learn, commitment to continuous professional development	Yes, interested in participating in the float pool program // Concerns: Different workflows and processes across multiple healthcare employers, which can confuse MAs // Question: Who will be the MA be employed with? // Suggestion: Develop a float pool where MAs can be assigned regionally (prevents travel, allows for consistent development within a region of healthcare employers; seek feedback from MAs on training needs	Maybe. It would depend on the cost of training.
Tri-City Health Center	Enjoli Smith (Director of Admin. Services), Ann Allard-Robinett (COO)	Yes, interested in participating in the joint MA training program.	Skills: All skillsets (e.g., rooming patients, taking vitals); time management; EHR (e.g., jumping between different modules) // Consideration: The training program should prepare MAs for state certification	Yes, interested in participating in the float pool program. // Considerations: Would be great to have a pool of qualified MAs to pull from; would help fill-in for leaves of absences, maternity leave; would need someone from 6 weeks up to 4 months; legal liabilities (MAs touching patients, providing vaccinations) // Questions: What would this look like? What is the cost-effectiveness of having such a program? What would be the per diem rate? Would this be similar to a temp agency set-up? Would this be a contracted/temp employee? Who will the MA be employed with? Benefits?	Maybe. Must consider the cost. // Concern: MAs must commit/stay with the employer. CA is an at-will state. Do not want to create "golden handcuffs". // Questions: How do you legally enforce this? How do you ensure MAs will stay? What would the reimbursement process look like? // Considerations: MAs who have been employed for a limited time can qualify for a training program.
West Oakland Health Council	Gale Taylor (COO), Gloria Howard (HR Director)	Yes, interested in participating in the joint MA training program. Training is always needed as there is constant change in the healthcare field.	Yes, will need 4-6 full-time MAs in the next 6 months for EPIC training and implementation // Skills: EHR, cultural competency, record keeping (where to document results of PHQ-9, when woman had their last pap test done, tagging appropriate fields, capturing data accurately), raise awareness around the importance of collecting data and committing to a data-driven culture (prevent misreporting on UDS; reducing disparities/gaps b/t org's CQI data and UDS)	Yes, interested in participating in the float pool program. Prevents clinic managers from getting pulled to the frontline when MAs call-in sick. // Considerations: MAs must be properly trained (e.g., on both hospital vs. community health center's EPIC systems) and on-boarded appropriately // Concern: Hospitals pay more	Yes, interested in subsidizing the cost of training. // Concern: MAs must commit/stay with the employer. CA is an at-will state.
Interviewee responses as of 1/24/2018 // Interviews conducted by Joe Lee, Workforce Development Strategist of Community Health Center Network (CHCN)					