



MEDICAL ASSISTANT CAREER LATTICE PROJECT

A REGIONAL FOUR COUNTY STUDY
FOCUSED ON EDUCATIONAL LATTICES,
RETENTION AND TRAINING OF
MEDICAL ASSISTANTS

MERCED COUNTY DEPARTMENT
OF
WORKFORCE INVESTMENT
2007

MERCED ▪ SANTA CLARA ▪ SANTA CRUZ ▪ STANISLAUS



Medical Assistant Career Lattice Project

2007 Merced County Department of Workforce Investment

Executive Summary

On March 1, 2005, Merced County Department of Workforce Investment (WI) received funding through the Workforce Investment Act 15 Percent (Governor's Discretionary) funding for the Medical Assistant Lattice Project. This project addresses issues related to an educational lattice, retention and training for Medical Assistants by conducting a regional study. The study gathered information that determined Medical Assistant training qualifications and retention needs and determined the feasibility of developing an educational lattice from Medical Assistant curriculum to local nursing programs.

The results of the study reinforced the need for building an educational/career lattice between the Medical Assistant and nursing programs, identified ways to improve the retention rate for Medical Assistants, and addressed needs for improvements in the educational training programs for Medical Assistants.

In order to provide continuing opportunities to front-line medical workers, the need for a comprehensive framework to enable upward mobility is imperative. Currently, a model does not exist that purposely and successfully guides Medical Assistants to continue their upward progress. As part of the study, the Merced County Department of Workforce Investment organized focus groups, one format

included Medical Assistants and the other, employers of Medical Assistants.

Using a focused conversation format, the groups discussed career lattices, training, retention and other related topics. The following conclusions and recommendations were made after a careful examination of the responses provided by the focus groups.

- Incentives such as the 20/40 Nursing Program (employee enrolled in nursing program for 20 hours and employed for 20 hours and gets wages for 40 hours total) should be expanded for Medical Assistants to successfully complete any type of continued training.
- Similar career lattices established for C.N.A.s should be duplicated for Medical Assistants.
- Back office or "clinical" pathways need development for ease of access modeled after office or "administrative" career choices.
- Eighty percent of employers report problems with retention.
- Increasing opportunities within their own organization, employers can create their own pipeline thus stabilizing retention.
- Employers can use more "recognition techniques" and increased "scheduling flexibility" if monetary incentives are not available to increase retention.
- A good work environment and job security were reported as most important to MAs. Employers should focus their retention strategies to include these areas as well.
- Over fifty percent of MAs reported that their externship was NOT long enough to prepare them for their profession.
- Inconsistencies in training programs stem in part to the lack of State and Federal regulations as well as the absence of mandatory certifications.

- California Certified Skill Standards are currently not being addressed.
- Portable and recognized skills sets within the MA profession do not exist.

Introduction

According to EDD reports, Medical Assistants will have the 34th largest number of job openings in the State from 2000 to 2010 and will have the 11th fastest growth rate. Many California counties have a moderately difficult time in recruiting entry-level Medical Assistants.¹

The Center for the Health Professions at University of California, San Francisco completed a report that summarizes pertinent areas of interest for the “Medical Assistants in California”. The critical issues and policy concerns addressed included difficulty in recruiting, turnover rates, workforce shortages, lack of consistency in requirements, scope of practice, lack of career path, and future directions in training. Similar articles voice the same concerns facing this health care profession.²

Medical Assistants have been identified as critical front-line workers to explore in the health field. Exploration on the issues and challenges facing Medical Assistants, employers and training providers, has clearly been established and documented, but many of the proposed solutions are still in the planning stages. Career lattices are recommended as a viable solution for many of the projected health care worker shortages.

Medical Assistants are exposed to many other occupations in the health care industry. The skills, knowledge, and work activities required of Medical Assistants (see Appendix A) make them a potential pool to recruit and train for nursing professions. According to the Occupational Information Network (O*NET)

ratings, Medical Assistants are the closest match to Registered Nurses (RNs) in abilities as compared to other health care occupations.³

The benefits for developing career lattices and pathways have been substantiated by many studies. Some of the benefits for employers include greater competency of employees, greater employee retention, lower investment in recruitment and improved quality of patient care. For the employee, some benefits include receiving nationally recognized credentials and positions, increased wages tied to competencies, identifiable career pathways, and improved self-esteem.⁴

Developing well-defined career paths, ladders, and lattices with the healthcare services requires collaborative and coordinated efforts between many entities: health care service organizations, educational facilities, professional associations, labor unions, workforce development agencies, government licensing, certifying and policy-making agencies. Coordination and collaboration are key components for any successful project. The direct collaboration between employers, employees, training providers, and other groups have been increasing, but have a short history.⁵

Reports have been published as occupational resource tools designed to assist in improvement of recruitment and retention in the health care industry. There are several examples of health care career ladder programs that have had measurable success. To date, Medical Assistant lattice programs have not been located for review or research. We currently have samples of career lattices but we cannot find programs.

The Robert Wood Johnson Foundation (RWJF) approached their “Defining the Frontline Workforce” study with the point of view that frontline workers, such as Medical

Assistants, have been “understudied and are facing key challenges that may obstruct their ability to work effectively, contribute at their maximum potential and enhance their own work experience and career advancement opportunities.”⁶ The study further shows a preliminary analysis revealing that the workforce is “lacking a viable, skilled emerging working population to adequately fill the projected shortages.”⁷

The RWJF recommends that strategic initiatives may be most effective by “targeted outreach and training opportunities along with career advancement pathways in order to advance entry into frontline workforce occupations and to strengthen existing occupations frameworks” to address the nursing shortage. Collaboration and coordination are strongly recommended in the report. RWJF also stresses “employer-provided” education in which work-based learning is key to enhancing the healthcare industry and recognizes the education value of experience in practice.

This “Medical Assistant Lattice Project” study will be a forerunner in providing valuable input from the employers and Medical Assistants’ perspectives.

Planned Approach and Expected Outcomes

The approach was to address the issues identified with Medical Assistant educational lattice, retention and training, included the following. WI:

1. Hosted a four-county action-planning meeting with Santa Cruz, Santa Clara (Silicon Valley Workforce Investment Network, SVWIN replaced San Mateo), and Stanislaus Counties to develop a regional study.
2. Developed a survey and held focus groups to gain data from current Medical Assistants regarding the

feasibility of advancement to nursing programs, job retention issues, and training qualifications for the workplace.

3. Developed a survey and held employer focus groups to determine employer needs, appropriate skill levels and consistency of training that Medical Assistants need to be successful in the workplace.
4. Analyzed current training Medical Assistants receive and address inconsistencies, employer’s needs, and retention issues for Medical Assistant graduation from these programs.
5. Created a report from this regional study that can be used both locally and statewide to address the feasibility of creating Medical Assistant to nursing program lattice, training, and retention strategies.

Methodology

The Project Objective was to address issues related to the creation of an educational lattice for Medical Assistants, training, and retention. The Merced County Department of Workforce Investment conducted a regional study between June 2006 and October 2006. The study gathered information to determine current Medical Assistant training, qualification and retention needs, and determined the feasibility of developing an educational lattice from Medical Assistant curriculum to the local nursing program.

This project addressed health related industry issues: 1) the possibility of creating a Medical Assistant program to nursing program lattice, 2) addressing retention issues and 3) reported inconsistencies in Medical Assistant training. The career lattice process for Medical Assistants to continue their education and be able to transfer credits from their Medical Assistant training toward credits in the

Licensed Vocational Nursing (LVN) program was explored. In Merced County, no part of Medical Assistant training is counted towards the LVN program and employees and employers who wish to expand their staff capacity must start from scratch. Employers also reported difficulty in retention of Medical Assistants statewide. Retention issues may be due in part to:

- limited career lattices for Medical Assistants;
- a statewide inconsistency in training programs producing adequately trained MAs ready to meet the needs of their employers.

The project studied the problem of Medical Assistant retention and explored the idea of building an educational/career lattice between the Medical Assistant training programs and LVN programs. Because these issues have a broader impact than just Merced County, WI invited three diverse central California counties to participate in this study. The goals were to identify how to: a) Examine the pipeline into the nursing field for Medical Assistants, b) improve the retention of Medical Assistants for employers, and c) address needs for improvements in the educational programs for Medical Assistants. The results and recommended actions are included in this report and will be published for statewide dissemination.

Focus groups were held for Medical Assistants in Merced, Santa Clara County/SVWIN, Santa Cruz County, and Stanislaus Counties. A total of 52 Medical Assistants attended the focus groups and were asked nine questions (Appendix C). The focus group sessions are as follows:

- Merced County- 23 MA in attendance held on June 15 and June 22, 2006
- Santa Clara County - 11 MA in attendance held on September 15, 2006

- Stanislaus County-13 MA in attendance held on September 20, 2006
- Santa Cruz County- 5 in attendance held on October 18, 2006

Focus groups were also held for providers who employ Medical Assistants in Merced, Santa Clara, Santa Cruz, and Stanislaus Counties. A total of 28 providers attended the focus groups. The focus groups sessions are as follows:

- Merced County-4 providers in attendance held on 6/22/06 and 6/27/06.
- Santa Clara County-12 providers in attendance held on 9/15/06.
- Santa Cruz County-6 providers in attendance held on 10/18/06.
- Stanislaus County- 6 providers in attendance held on 9/20/06.

Each employer focus group was asked to respond to twelve questions (Appendix C).

Findings - Career Lattice

Several inconsistencies in Medical Assistant training need to be addressed in order to create a sustainable Medical Assistant to nursing program lattice. Almost eighty-five percent of MAs surveyed stated that the job required skills that were not included in their training. The highest rated skills missing from MA training centered around “front office” duties, including computer input, scheduling, paperwork and referrals (Figure 1). Over sixty percent of Medical Assistants reported training on equipment such as EKG and computers to be outdated by the time they entered employment (Figure 2).

Of great interest are reasons why MAs would leave the medical profession. Almost 50% of the respondents felt that pay, benefits and receiving no recognition would cause them to leave the MA profession (Figure 5). Additionally, advancement on the job was

reported as limited due to lack of education and money. When asked if there were any incentives for furthering their education or in obtaining a National Certification, the majority of MAs reported they were “unsure” and did not know about employer incentives. Only 13% of the respondents knew of incentives to further their education (Figure 8b). Pay and Advancement was also reported by employers as reasons why MAs leave their positions (Figure 18).

Many Medical Assistants must work full-time while attending school in order to survive. This creates difficulties in completing any type of career lattice program, unless, the employer is willing to provide exceptional incentives. The 20/40 Nursing program offered in several counties is a model that can be followed. The employer is willing to pay the Medical Assistant for 40 hours of employment but only require them to work 20 hours per week and the other 20 hours are spent in an upgrade training (usually RN Program).

Kaiser Permanente and Memorial Hospital (Sutter Affiliate) provide 20/40 Nursing programs. Currently, career lattices are only being implemented by larger medical establishments (Appendix F). Smaller offices tend not to have a pipeline due to staffing resources. Larger facilities also encourage their Medical Assistants to enter an RN program rather than any other medical position. But, overall, Medical Assistants currently plan their career paths by themselves and do not have access to medical career professionals who can guide them through the process.

The efforts of smaller employers can be summarized by both tangible and intangible incentives. Smaller employers tend to offer educational allowances in the form of tuition reimbursement as well as intangible incentives such as flexibility in work schedules. An

employer in Santa Clara County added that their Medical Assistants can have up to a 20% work reduction with manager approval, and not lose any of their current employee benefits.

Of special note is that currently there are numerous career lattices offered to Certified Nursing Assistants (CNA) to become Licensed Vocational Nurses (LVN) (see Appendix D). The same opportunities do not exist for Medical Assistants. Furthermore, Santa Cruz County (see Appendix E) reported career growth opportunities for Medical Assistants who follow both an administrative or clinical path but, does not delineate the proper steps into either an LVN or RN position.

This implies that the emphasis has traditionally been placed for Medical Assistants to continue their path in their “administrative roles” in order to promote within an organization, thus taking the path of least resistance.⁸ Back office or “clinical” pathways require much more emphasis on pre-requisites and they have extensive waiting lists in order to enter a nursing program. For example, Santa Cruz County has a four-year waiting list for the Nursing Program.

Lifelong Learning Accounts (LiLAs) can be used by employers and offered as an addition to the benefits package. LiLAs will increase opportunities of continuous life-long learning by sharing the responsibility between the MA and the employer.

In order to provide opportunities for continued MA skill upgrades, smaller offices can pool their training, thus allowing for more scheduling flexibility for both MAs and employers.

Another Career Lattice option would be to set up a Licensed Practical Nurse Program which has been recognized as an “Apprenticeable Medical Occupation” by the Department of

Labor (DOL), requiring 2000 hours (DOT or O*Net Code 079.374-014). An interesting side note is that DOL also has Medical Assistant Apprenticeship but entails 4000 hours to complete. Currently there is only one in the State ETPL at San Bernardino Adult School.

Findings – Retention

The study found that only 20% of employers felt that they did not have any problems with retention. Not being able to pay higher wages and advancement accounted for almost 50% of retention problems. Advancement usually meant MAs enrolling into a Nursing Program (Figure 16).

Employers were asked what they were doing to retain their MAs. Team Building and Flexibility accounted for 36% of specific activities employers engage in to deal with retention issues. What was interesting to note was that the four counties differed greatly in how they handled retention issues. Only Stanislaus County and Santa Cruz County overlapped in “flexible” as a way to ensure retention was being met. By flexible, they meant flexibility in scheduling to accommodate child care needs or transportation.

Conversely, if we look at what keeps MAs in their line of work, fresh challenges and career growth within the employer were reported by MAs as methods to address retention issues. If employers promote from within, by increasing opportunities, they will create their own pipeline and allow others to fill the spaces being vacated. This is a win-win situation for both employers and Medical Assistants.

Employers and MAs agreed that Pay is the number one reason that MAs leave their positions. Employers are losing MAs to other offices for sometimes as little as 50 cents an hour. Further, MAs ranked not having *benefits* and receiving *no recognition* as the second and

third most important reason why they leave (Figure 5). Employers reported MAs advancing and entering nursing programs as the second and third reasons why MAs leave in addition to pay. Paradoxically, what is helping solve one problem (nursing shortage alleviated by increased MA enrollment) is in fact affecting retention issues for employers who hire MAs.

Forty percent of MAs reported *Good Work Environment* and *Job Security* as being most important to them in the profession. Employers can focus on these two areas in order to increase the retention of their MAs. Employers can promote a team atmosphere, make MAs feel valued, important and empowered, especially when financial rewards are not available (Figure 6b and 17). Flexibility with time is considered to be an effective retention strategy by Stanislaus County employers.

Findings – Training

Over half of the MAs reported that their externship was not long enough to prepare them for the profession. A study by the University of California, San Francisco, Center for the Health Professions, cited that “minimal State and Federal regulations and the absence of mandatory certifications for Medical Assistants” has created a lack of consistencies in requirements for MAs⁹.

The study goes on to state that large managed care organizations develop their own standards for hiring and retaining their MAs. This study found that such large organizations also require their MAs to be certified (Figure 20). Based on input from all four counties, “soft” skills, primarily customer service skills, need to be incorporated into the Medical Assistant curriculum. There currently are 464 MA programs on the Eligible Training Provider List (ETPL). They range from no cost to \$30,000.00 and from no credit courses up to

98 quarter units (equivalent to AS degree). Additionally, many community colleges do not have their MA program in the ETPL.

A Medical Assistant shall receive training, as necessary, in the judgment of the supervising physician, podiatrist, or instructor to assure the MA is competent to perform that service at the appropriate standard of care.¹⁰ The MAs had a good understanding of the basics, but stated that they had a better handle on back office duties and less focus was made on front office duties. 44/52 Medical Assistants felt that the job definitely required other skills not included in their training.

It is this inconsistency that leads to employers not being able to depend upon continuous skill quality from trained MAs. Recruitment also poses problems and some employers even recommended specific training providers being favored over others due to the quality MA they are known for providing.

Skill standards provide advantages to both employers and MAs in the form of workers knowing exactly what skills and knowledge they need to acquire to move ahead. Workers are less likely to waste time or be discouraged by taking trainings not based on skill standards. Additionally, workers have skills that are nationally recognized and portable across geographic areas.¹¹

In order to establish skill standards, the California Certified Skill Standards could be used as a guide to develop recognized skill standards within an industry and are portable from employer to employer and across geographic boundaries.

Some of the goals of the California Certified Medical Assistant (CCMA) are to upgrade the MA profession standards and professional competence, with the underlying goal to update the MA profession. Since medical

offices are open Monday through Friday, 8:00 a.m. to 5:00 p.m., the need for schooling to be available in the evenings and weekends is paramount to giving individuals an opportunity to enter a career lattice.

The focus group also revealed an increased need for translation services. Eighty-eight percent of employers responded in the affirmative to needing bilingual staff, with Spanish ranked first as language needed but interestingly, American Sign Language was ranked second (Figure 13).

Conclusion

These are the conclusions that were drawn from the analysis of the responses that could create a sustained career lattice program, address retention and training strategies.

- It would benefit smaller and medium sized organizations to support “exceptional incentive” programs. The 20/40 Nursing Program could be modeled and incorporated as part of the longer-term planning goals to combat retention while simultaneously creating a career lattice.
- By creating an internal “pipeline” through the use of a career lattice, both MAs and employers will mutually benefit by maintaining the employee and increasing opportunities for new MAs.
- Employers should focus on using “recognition techniques” to create a team environment and implementing methods to empower MAs.
- Employers would benefit from exercising “scheduling flexibility” as an incentive for MAs entering a career lattice, especially when monetary incentives are not available.

- It is imperative that training providers focus on “portability” of skill sets by using the California Certified Medical Assistant (CCMA) standards or another recognized standard.
 - Medical terminology for proper translation and increased patient care should be strongly encouraged for bilingual MAs.
 - The length of externships should be increased to a minimum of 400 hours with increased exposure to varied specialties.
 - There will be an increased demand for American Sign Language translators.
 - There exists a need for standardization of the MA curriculum. A State Board certificate would ensure minimal competencies are being achieved and provide stability in the MA arena.
- Non-traditional training opportunities such as Lifelong Learning Accounts (LiLAs) and MA Pooling should be explored due to the various financial, family, and scheduling needs of medical assistants.
 - Incorporate more soft-skills training into the MA curriculum which employer input indicated as critical to retention.
- Provide this report to policy makers and advocate for standardization of Medical Assistant curriculums.

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www.work2future.biz/Library.html

Workforce Investment Board of
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Next Steps

- Provide this report to educators and encourage changes in MA training. The following should be included in discussions with educators and training providers.
 - Medical Assistant courses need to meet the pre-requisite requirements for nursing or other medical professions, especially in medical terminology and anatomy.
 - Extend the length of time for externships and place students in medical settings that are more comprehensive versus specialized fields.

Appendix A – LMI

LABOR MARKET INFORMATION COMPARISON

WI completed a comparison of Medical Assistants from each of the four regional counties based on the 2005 California Labor Market Department Surveys.¹² The similarities between the counties were in the areas of job description, career options, and sources available for additional information. The differences centered on working locations, salaries, benefits and job outlook.

MEDICAL ASSISTANTS (MA)

Merced County

Santa Cruz County*

Santa Clara County

Stanislaus County

* LMI for Santa Cruz includes Monterey and San Benito Counties as well.

What do Medical Assistants do?

The information is the same for all four counties.

Medical Assistants perform administrative and certain clinical duties under the direction of physicians. Administrative duties may include scheduling appointments, maintaining medical records, billing, and coding for insurance purposes. Clinical duties may include taking and recording vital signs and medical histories, preparing patients for examination, and administering medications as directed by physician.

(Source SOC 31-9092-see Sources Page)

What are the work activities and tasks?

The information is the same for all four counties.

Listed below are the top 10 work activities and tasks that Medical Assistants perform. (Source O*NET-see Notes Page).

- Interview patients to obtain medical information
- Prepare patients for examinations and treatments
- Record patients' medical information and vital signs
- Prepare and administer medications as directed by physicians
- Collect laboratory specimens and prepare them for testing
- Explain treatment and physicians' instructions to patients
- Help physicians examine and treat patients
- Authorize drug refills and provide prescription information
- Prepare treatment rooms for patient examinations
- Clean instruments and dispose of contaminated supplies

What working conditions can I expect?

The information is the same for all four counties.

Medical Assistants work in well-lighted, clean environments. They constantly interact with other people and may have to handle several responsibilities at once. Most full-time Medical Assistants work a regular 40-hour week. Some work part-time, evenings, or weekends.

(Source: Occupational Outlook Handbook-see Sources Page)

Where do Medical Assistants work?

Merced County-survey information represents 24 firms that employ 159 MA. Most MA work in doctors' offices and clinics and a few work in laboratories, outpatient care centers, hospital and mental health facilities.

Doctors' offices and clinics	71%
Hospitals	4%
Laboratories	13%
Mental Health Facilities	4%
Outpatient Care Centers	8%

Santa Cruz County-survey information represents 59 firms that employ 337 MA in Monterey, Santa Cruz, and San Benito Counties. Almost all MA work in doctors' offices and clinics and a few work in public administration, outpatient care centers, mental health facilities and hospitals.

Doctors' offices and clinics	83%
Mental Health Facilities	3%
Public Administration	8%
Hospitals	2%
Outpatient Care Centers	4%

Santa Clara County-survey information represents 19 firms that employ 708 MA. Many MA work in doctors' offices and clinics. Some work in hospitals, and a few work in other areas.

Doctors' offices and clinics	48%
Other	10%
Hospitals	30%
Mental health Facilities	3%
Outpatient care centers	16%

Stanislaus County-survey information represents 15 firms that employ 256 MA. Most MA work in doctors' offices and clinics.

Doctors offices and clinics	78%
Mental health facilities	3%
Hospitals	12%
Other	2%
Outpatient care centers	5%

* LMI for Santa Cruz includes Monterey and San Benito Counties as well.

How much can I expect to earn?

This occupation does not pay as well when compared to other occupations that require similar levels of education. Wages for full-time for hourly/annual are as follows:

Merced/	Santa Cruz/
Santa Clara	Stanislaus

Low	\$ 9.40/\$ 19,538	\$ 12.34/\$ 25,674
	\$ 13.53/\$ 28,132	\$ 11.48/\$ 23,888
Median	\$ 11.31/\$ 23,537	\$ 14.38/\$ 29,909
	\$ 15.97/\$ 33,222	\$ 13.30/\$ 27,651
High	\$ 12.87/\$ 26,779	\$ 16.82/\$ 34,979
	\$ 18.15/\$ 37,743	\$ 15.50/\$ 32,743

What percent of medical insurance do employers pay?

Of the **Merced County** employers who provide medical insurance, all reported that they pay for half or more of the cost of medical insurance for full-time, and most pay for half or more of the cost for part-time.

Of the Monterey, **Santa Cruz**, and San Benito Counties employers who provide medical insurance, almost all reported that they pay for half or more of the cost of medical insurance for full-time and part-time.

Of the **Santa Clara County** employers who provide medical benefits, almost all reported that they pay for half or more of the cost of medical insurance for full-time, and most reported that they pay for half or more of the cost of medical insurance for part-time.

Of the **Stanislaus County** employers who provide medical benefits, almost all reported that they pay for half or more of the cost of medical insurance for full-time Medical Assistants.

What benefits can I expect to receive?

	Merced	Santa Cruz	Santa Clara	Stanislaus
Medical	67%	92%	100%	87%
	13%	19%	42%	20%
Dental	42%	47%	79%	47%
	8%	8%	32%	3%
Vision	25%	34%	42%	47%
	4%	8%	32%	0%
Life	33%	29%	53%	13%
	8%	5%	21%	0%
Disability	21%	15%	53%	20%

	8%	2%	32%	07%
Vacation	83%	80%	74%	80%
	29%	37%	21%	27%
Sick Leave	75%	71%	58%	73%
	29%	27%	21%	20%
Paid Time Off Bank	21%	36%	42%	13%
	13%	27%	32%	13%
Retirement Plan	71%	76%	89%	53%
	17%	39%	37%	3%

Full-time Work
 Part-time Work

What education, training, and experience do I need?

Education/training requirements

The information is the same for all four counties.

Formal training in medical assisting is generally preferred but is not always required. Applicants usually need a high school diploma or the equivalent.

Medical Assistants are not licensed, certified, or registered by the State of California. However, most employers prefer graduates of formal programs in medical assisting.

Medical programs are offered in vocational-technical high schools, postsecondary vocational school, and community or junior colleges.

The training institutions or instructors certify students who complete the required training satisfactorily. Each employer retains a copy of the certificate as a record.

Recommended High School courses: mathematics, health, biology, typing, bookkeeping, computers, and office skills.

Schools that offer training

The information is the same of all four counties.

To find training programs, refer to the Employment Development Department's Labor Market Information Web site. (Source: LaborMarketInfo-see Sources Page)
Note: Contact the schools that you are interested in to learn about the availability of classes and any prerequisite course work.

Licensing Requirements

Licensing is not required in any of the four counties.

Experience

Most of the employers in **Merced County** require new hires to have prior experience working as a Medical Assistant. Most employers will not accept experience in related occupations and many employers will not accept training in place of experience.

Most employers in Monterey, **Santa Cruz** and San Benito Counties require new hires to have prior experience working as a Medical Assistant. Many employers reported not accepting experience in related occupations, but most employers will accept training in place of experience.

Almost all employers in **Santa Clara County** require new hires to have prior experience working as a Medical Assistant. Most employers do not accept experience in related occupations, and many do not accept training in place of experience.

Most employers in **Stanislaus County** require new hires to have prior experience working as a Medical Assistant. Many employers accept experience in related occupations but do not accept training in place of experience.

Employers requiring work experience as a Medical Assistant.

	<u>Santa Merced</u>	<u>Santa Cruz</u>	<u>Santa Clara</u>	<u>Stanislaus</u>
Required Experience	79%	73%	84%	67%
<i>More than 1 year</i>	0%	28%	31%	10%
<i>7-12 months</i>	61%	53%	31%	40%
<i>4-6 months</i>	33%	16%	31%	50%
<i>1-3 months</i>	6%	3%	7%	0%
<i>Not required</i>	21%	27%	16%	33%

Employers accepting work experience in related occupations.

	<u>Santa Merced</u>	<u>Santa Cruz</u>	<u>Santa Clara</u>	<u>Stanislaus</u>
Accept related experience	37%	49%	26%	53%
<i>More than 1 year</i>	0%	15%	0%	0%
<i>7-12 months</i>	46%	48%	50%	63%
<i>4-6 months</i>	33%	22%	25%	25%
<i>1-3 months</i>	22%	15%	25%	12%
<i>Not accepting experience</i>	63%	51%	74%	47%

Employers accepting training in place of experience.

	<u>Santa Merced</u>	<u>Santa Cruz</u>	<u>Santa Clara</u>	<u>Stanislaus</u>
Accept Training	42%	68%	42%	47%
<i>More than 1 year</i>	0%	11%	13%	14%
<i>7-12 months</i>	30%	38%	50%	57%
<i>4-6 months</i>	40%	24%	25%	29%
<i>1-3 months</i>	30%	27%	12%	0%
<i>Not accepting experience</i>				

58%	32%	58%	53%
What skills, abilities, and knowledge are needed?			

The information is the same for all counties.

Skills: Skills are the use of knowledge required to perform a job. Skills are developed through practical experience and training. The top five skills that are very important to employers are Active Listening (87), Speaking (79), Social Perceptiveness (79), Instructing (78), and Reading Comprehension (75).

Abilities: Abilities are the capacity to perform various tasks related to a job based on skills and knowledge. The top five abilities important to employers are Oral Comprehension (88), Oral Expression (85), Speech Clarity (78), Near Vision (72), and Problem Sensitivity (69).

Knowledge: Knowledge is the understanding of facts or principles relating to a particular subject area. The top five knowledge areas are English Language (75), Customer and Personal Services (69), Medicine and Dentistry (64), Clerical (56), and Therapy & Counseling (47).

Numeric scores represent the degree of importance in performing this job.

75-100 = Very Important

25-49 = Somewhat Important

50-74 = Important

0-24 = Not Important

Students considering employment opportunities as Medical Assistants can determine whether they have the interest and background that make a good fit for this occupation.

Medical Assistants are expected to actively help people, and therefore they must be neat and well groomed, courteous, and pleasant. Medical Assistants must be able to put patients at ease, explain physicians' instructions, and respect the confidential nature of medical

information. They are also required to have a reasonable level of manual dexterity and visual acuity to perform clinical duties.

Note: Information provided about skills, abilities, and knowledge applies to this occupation on a national level.

What if I am considering educational opportunities in this occupation?

The information is the same for all four counties.

Medical Assistants must be knowledgeable and have a good understanding of the English language. Other helpful courses are: mathematics, health, biology, computers, and office skills.

What is the job outlook?

Current Employment:

250 Medical Assistants are employed in **Merced County**.

1100 Medical Assistants are employed in Monterey, **Santa Cruz**, and San Benito Counties.

2490 Medical Assistants are employed in **Santa Clara County**.

1520 Medical Assistants are employed in **Stanislaus County**.

Employment Forecast:

The number of Medical Assistant jobs in **Merced County** is projected to grow by 33.3% between 2001 and 2008. The job growth rate is much faster than the projected growth rate of 15.7% for all jobs in Merced County.

The number of Medical Assistant jobs in **Santa Cruz County** is projected to grow by 21.4% between 2001 and 2008. This job growth rate is faster than the projected growth rate of 11.5% for all jobs in the counties.

The number of Medical Assistant jobs in **Santa Clara County** is projected to grow by 23.7% between 2001 and 2008. The job growth rate is much faster than the projected growth rate of 7.6% for all jobs in Santa Clara County.

The number of Medical Assistant jobs in **Stanislaus County** is projected to grow by 22.2% between 2001 and 2008. The job growth rate is faster than the projected growth rate of 15.3% for all jobs in Stanislaus County.

All of the Counties job growth rates for Medical Assistants are much slower than the job growth rate of 46% for Medical Assistants in all of California.

Number of Medical Assistants

	<u>Merced</u>	<u>Santa Cruz</u>	<u>Santa Clara</u>	<u>Stanislaus</u>
Estimated 2001 Employment	210	980	2190	1350
Estimated 2008 Employment	280	1190	2710	1650

Are qualified applicants available?

Many employers in **Merced and Santa Cruz Counties** find it somewhat difficult to find experienced applicants and not difficult to find inexperienced applicants for Medical Assistants vacancies.

Most employers in **Santa Clara County** find it “somewhat” to “not difficult” to find experienced applicants, and many find it not difficult to find inexperienced applicants for Medical Assistants vacancies.

Many employers in **Stanislaus County** find it not difficult to find experienced applicants and most find it not difficult to find inexperienced applicants for Medical Assistants vacancies.

What does this mean to me?

Experienced applicants may need to spend more time looking for available positions and inexperienced applicants may find there are more applicants than positions when looking or work as Medical Assistants in Merced, Santa Cruz, and Santa Clara Counties.

Experienced and inexperienced applicants may find there are more applicants than positions when looking for work as Medical Assistants in Stanislaus County.

Medical Assistants will be in high demand in California and most of the nation for the next 7 years or more. The needs of a growing population and technological advances in medicine will ensure the availability of work for Medical Assistants for many years to come.

Where can job seeker find a job?

Most Medical Assistants work in Doctors' Offices and Clinics in Merced and Stanislaus Counties.

Many Medical Assistants in Santa Clara County work in Doctors' Offices and Clinics.

Almost all Medical Assistants in Santa Cruz County work in Doctors' Offices.

What are job seekers' career options?

The information is the same for all four counties.

There are many occupations in the health care field that are related to Medical Assistants. These related careers can be grouped by the amount of education they require, ranging from 30 days of on-the-job training (OJT) to postsecondary and vocational education, to advanced professional degrees.

Related careers are occupations with characteristics such as skills, abilities, knowledge, or general work activities that are similar to those required of Medical Assistants.

Career Options 2005				
Note: Click on a box for more information.				
Nursing Instructors & Teachers, Postsecondary \$61,000 MA/MS Degree		Physical Therapists \$69,000 MA/MS Degree		Health Specialties Teachers, Postsecondary \$70,000 MA/MS Degree
Orthotists & Prosthetists \$59,000 BA/BS Degree	Occupational Therapists \$65,000 BA/BS Degree	Medical & Health Services Managers \$81,000 BA/BS Degree + Work Experience	Physician Assistants \$81,000 BA/BS Degree	
Medical Records & Health Information Technicians \$29,000 AA Degree	Physical Therapist Assistants \$44,000 AA Degree	Occupational Therapist Assistants \$45,000 AA Degree	Radiologic Technologists & Technicians \$50,000 AA Degree	Registered Nurses \$66,000 AA Degree
Emergency Medical Technicians & Paramedics \$24,000 Post-Sec/Voc-Ed	Medical Secretaries \$32,000 Post-Sec/Voc-Ed	Medical Transcriptionists \$35,000 Post-Sec/Voc-Ed	Surgical Technologists \$39,000 Post-Sec/Voc-Ed	Licensed Practical & Licensed Vocational Nurses \$40,000 Post-Sec/Voc-Ed
Ambulance Drivers & Attendants, Except EMTs \$22,000 1-12 Mos. OJT	Medical Assistants \$27,000 1-12 Mos. OJT	Secretaries, Except Legal, Medical & Executive \$31,000 1-12 Mos. OJT	Pharmacy Technicians \$33,000 1-12 Mos. OJT	Medical Appliance Technicians \$36,000 12+ Mos. OJT
Nursing Aides, Orderlies & Attendants \$22,000 30 Day OJT	Pharmacy Aides \$22,000 30 Day OJT	Physical Therapist Aides \$23,000 30 Day OJT	Receptionists & Information Clerks \$23,000 30 Day OJT	Occupational Therapist Aides \$36,000 30 Day OJT

What sources are available for additional information?

The information is the same for all four counties.

In addition to the information displayed in this report, other sources are available with additional information. These sources are explained below with links that will connect you to the appropriate website.

Job Description

SOC Code (Standard Occupational classification)

A universal occupational classification system produced by the U.S. Department of Labor, Bureau of Labor Statistics (BLS).

<http://www.bls.gov/soc>

Work Activities and Tasks

O*NET Center (Occupational Information Network)

Detailed information on work activities and tasks. Click on Find Occupations, type in the occupation title and click Go. Click on occupation and then Details. Scroll down to needed information,

<http://online.onetcenter.org>

Working Conditions

OOH (Occupational Outlook Handbook), Bureau of Labor Statistics

Enter the title of the occupation and click Search. Select the occupation title and double click. Select Working Conditions and double click.

<http://www.bls.gov/search/oooh>

Wages and Benefits

Wages are from the Employment Development Department, Occupational Employment Statistics (OES). Select the Geographic Area, Year, and type of file you would like to see. Scroll down to the appropriate SOC code.

[http://www.calmis.ca.gov/file/occup\\$/oes\\$.htm](http://www.calmis.ca.gov/file/occup$/oes$.htm)

Education and Training

EDD, Labor Market Information Division, Find Training Programs

Enter a Keyword under Program Name and then select county. Click on Search and then select a program to view the schools.

<http://www.labormarketinfo.edd.ca.gov/cqi/databrowsing>

Licensing requirements

None required for Medical Assistants. Go to California Board of Register Nursing for additional career opportunities.

<http://www.rn.ca.gov/>

Skills, abilities and Knowledge

O*NET Center (Occupational Information Network)

An expanded list of skills, abilities and knowledge. See instructions under Work, Activities and Tasks (left-hand column).

<http://online.onetcenter.org>

Job Outlook

EDD, Labor Market Information divisions Projections

Long-term projections for occupations. Type in title of occupation, select an area, and then click on Search. Scroll to desired projections information.

<http://www.labormarketinfo.edd.ca.gov>

Supply and Demand

America's Job Bank

Find job openings in your designated area. Enter the occupation and location then click Search Now.

<http://www.jobsearch.org/seeker/jobsearch/quick>

One Stop Career Center

Allows you to search for the nearest Career Center. Enter the location and your service requirements and click on GO.

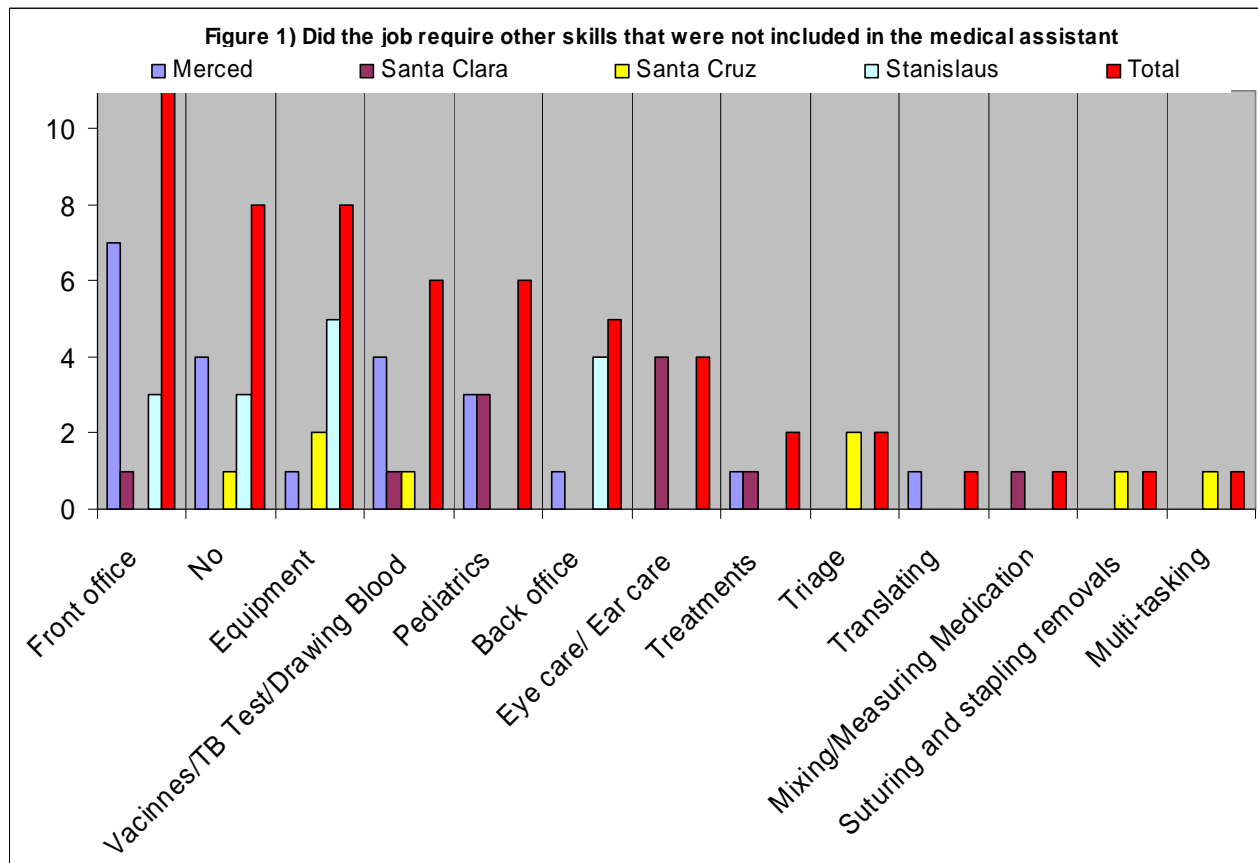
<http://www.servicelocator.org/>

Appendix B
MEDICAL ASSISTANT FOCUS GROUP - DATA TABLES

1) Did the job require other skills that were not included in the Medical Assistant training? If so, what were they?

Response

Some of the Medical Assistants felt that they had a good understanding of the basics, but were better prepared for the back office instead of the front office. A general consensus was that they learn basically what is needed to perform the duties in the classroom, but things are done differently on the job. There were 44 of the 52 MAs surveyed (84.6%) felt that the job definitely required other skills that were not included in their training. The two highest responses were in front office, including computer, scheduling, referrals and paperwork and equipment. There were only 8 of the 52 (15.4%) who felt that they learned the skills necessary in training. The MAs who felt they had sufficient training due to having On the Job Training (OJT) or attending a 2 year community college.

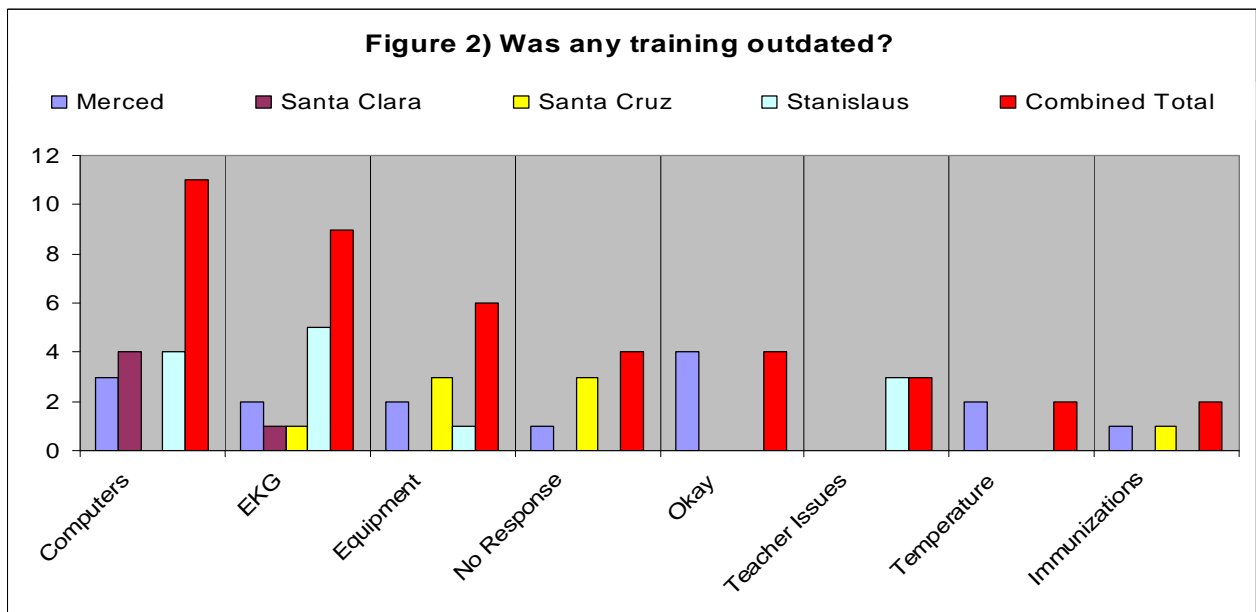


Note: Front office includes computer, scheduling, referrals, and paperwork. Treatments include O2 Stat, Nebulizer, and pulmonary function.

2) Was any of the training outdated? If so, what?

Response

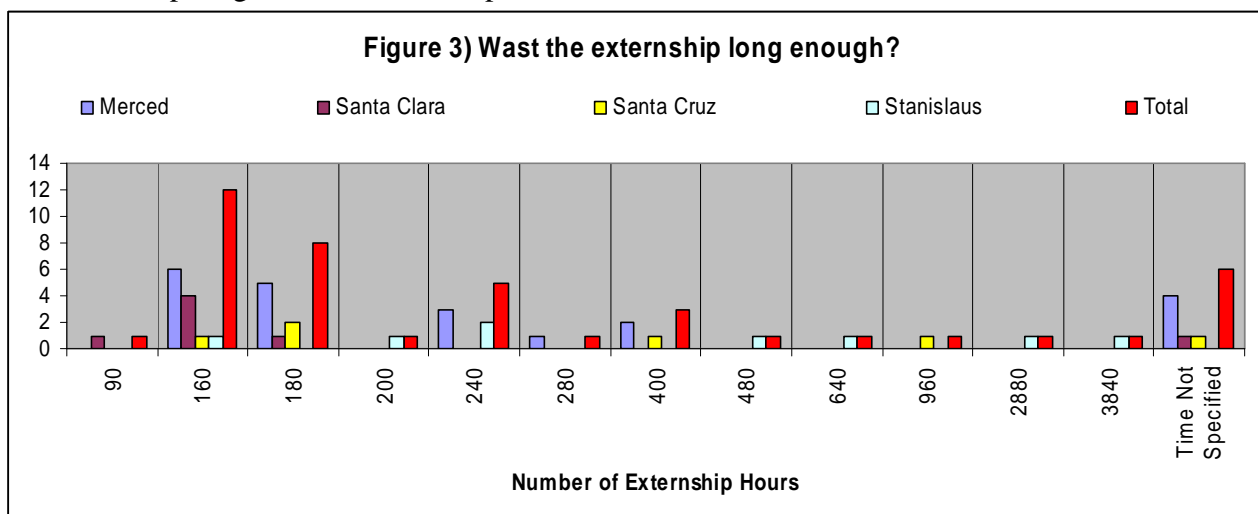
The primary reasons the training were outdated was due to equipment and computers being too old and the educational providers not keeping up with technological medical advances and programs. The EKG machine was specifically named as the primary outdated piece of equipment. Santa Cruz County MAs noted training for computers was not relevant.



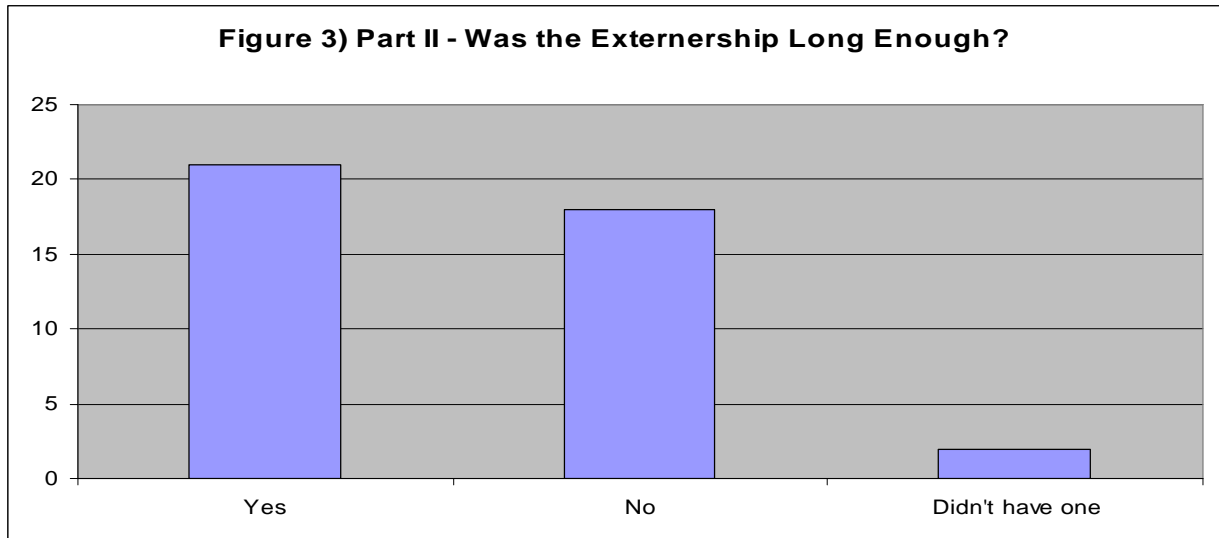
3) How long was the externship and was it long enough?

Response

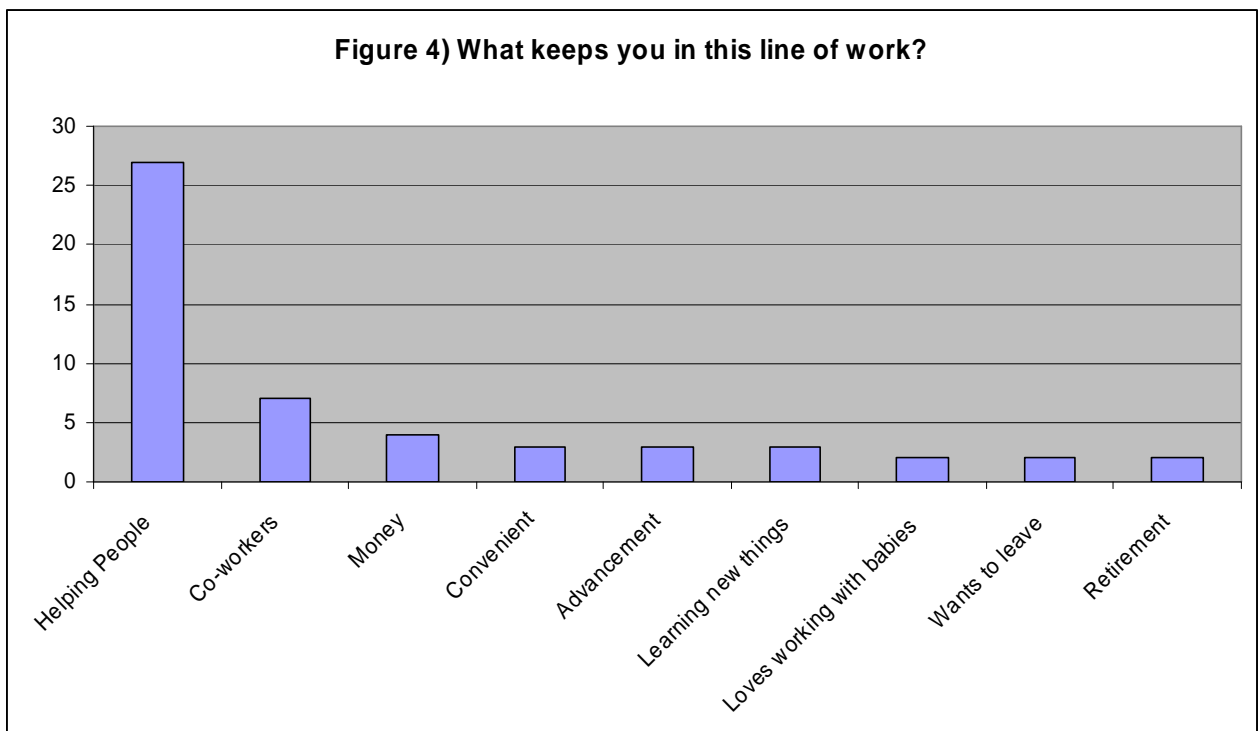
The externship ranged from 90 hours up to 3840 hours.



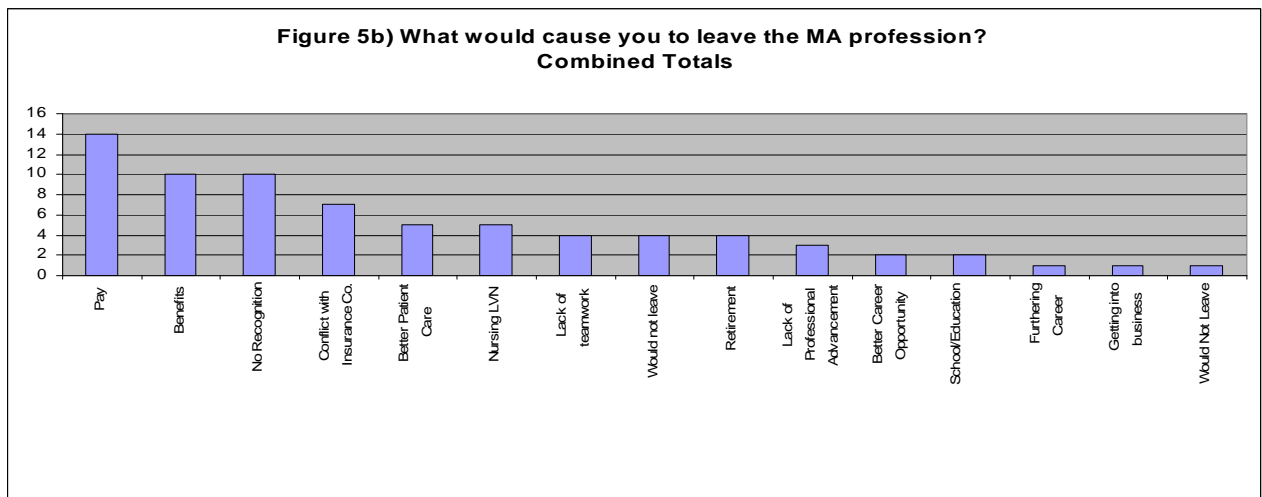
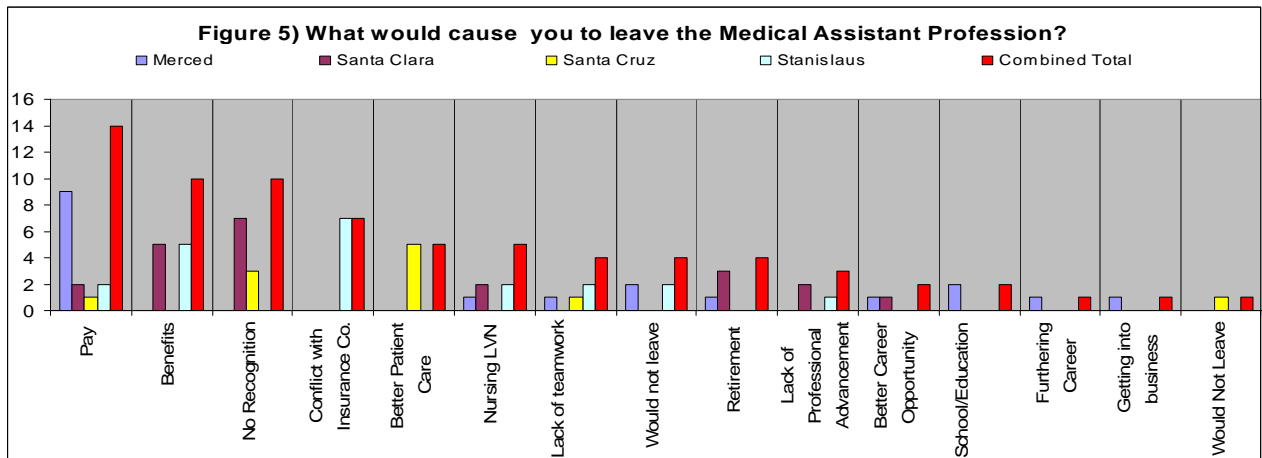
Long enough?



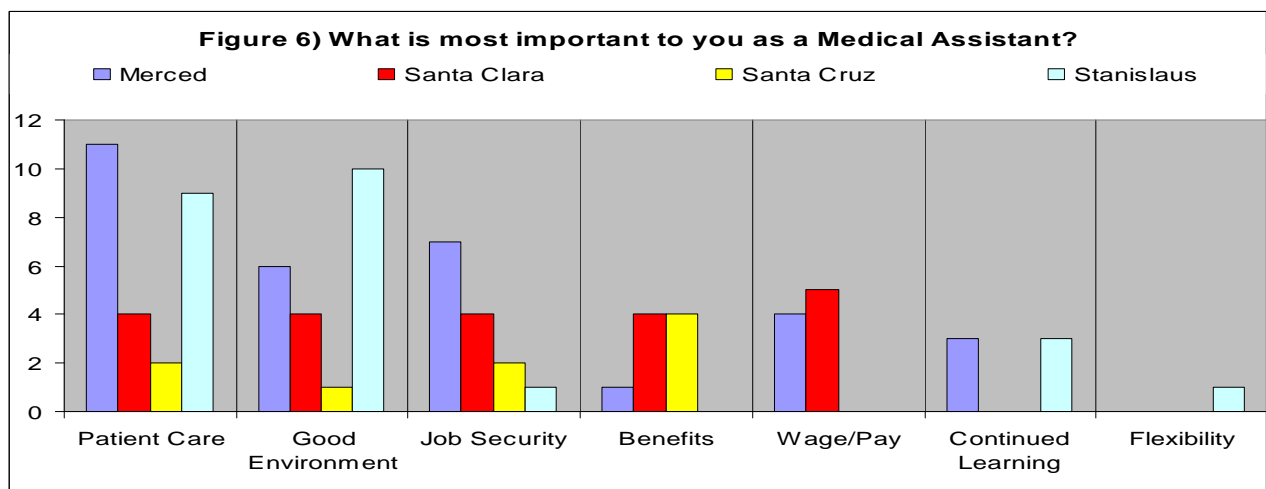
4) What keeps you in this line of work?

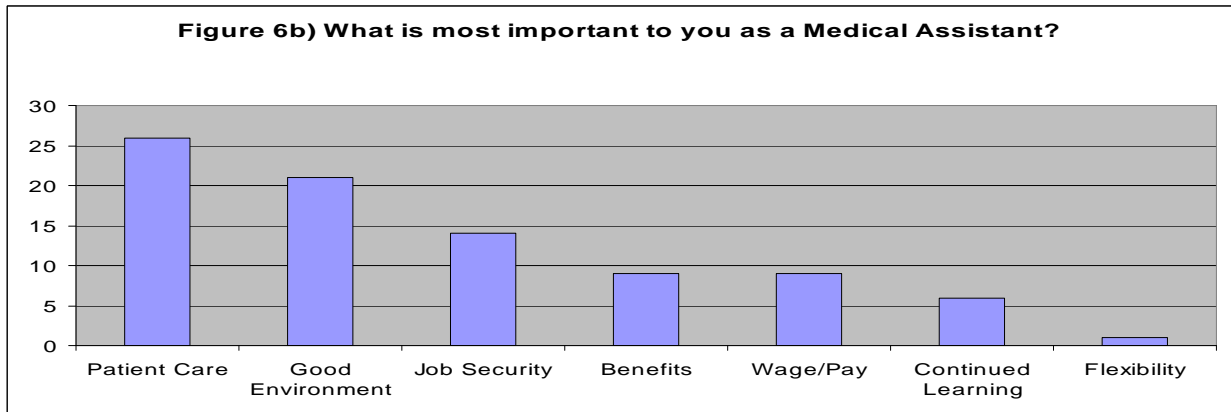


5) What would cause you to leave the Medical Assistant profession?

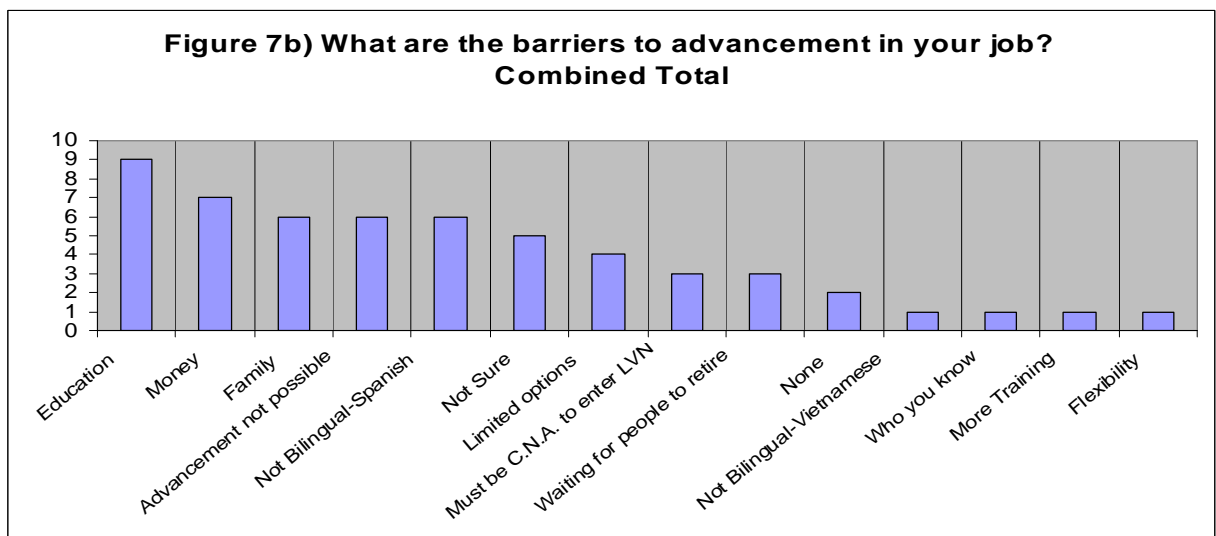
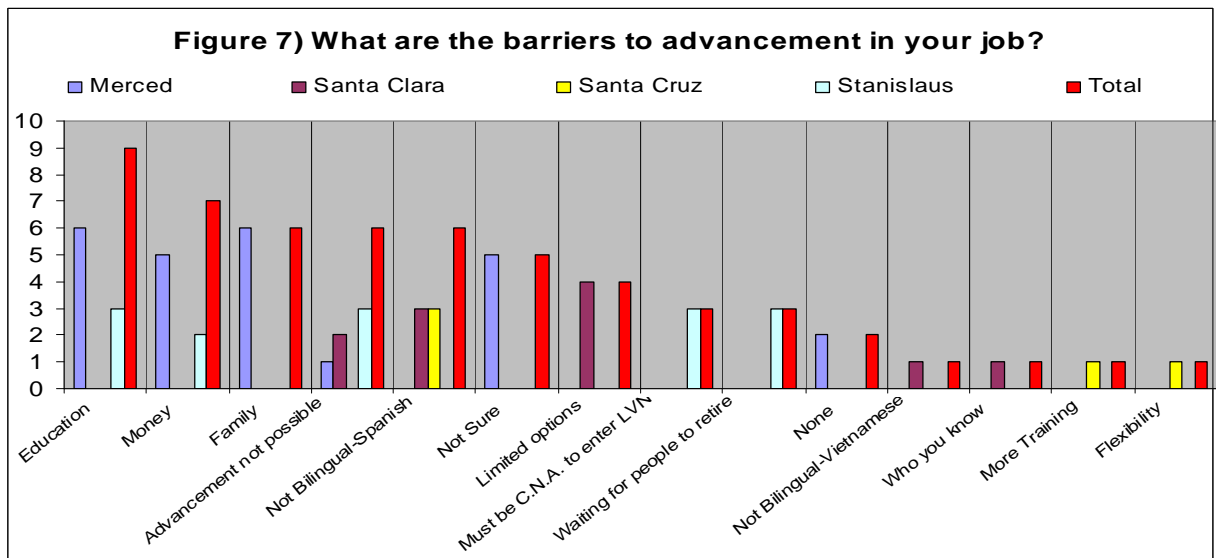


6) What is most important to you as a Medical Assistant? What are the two most important?

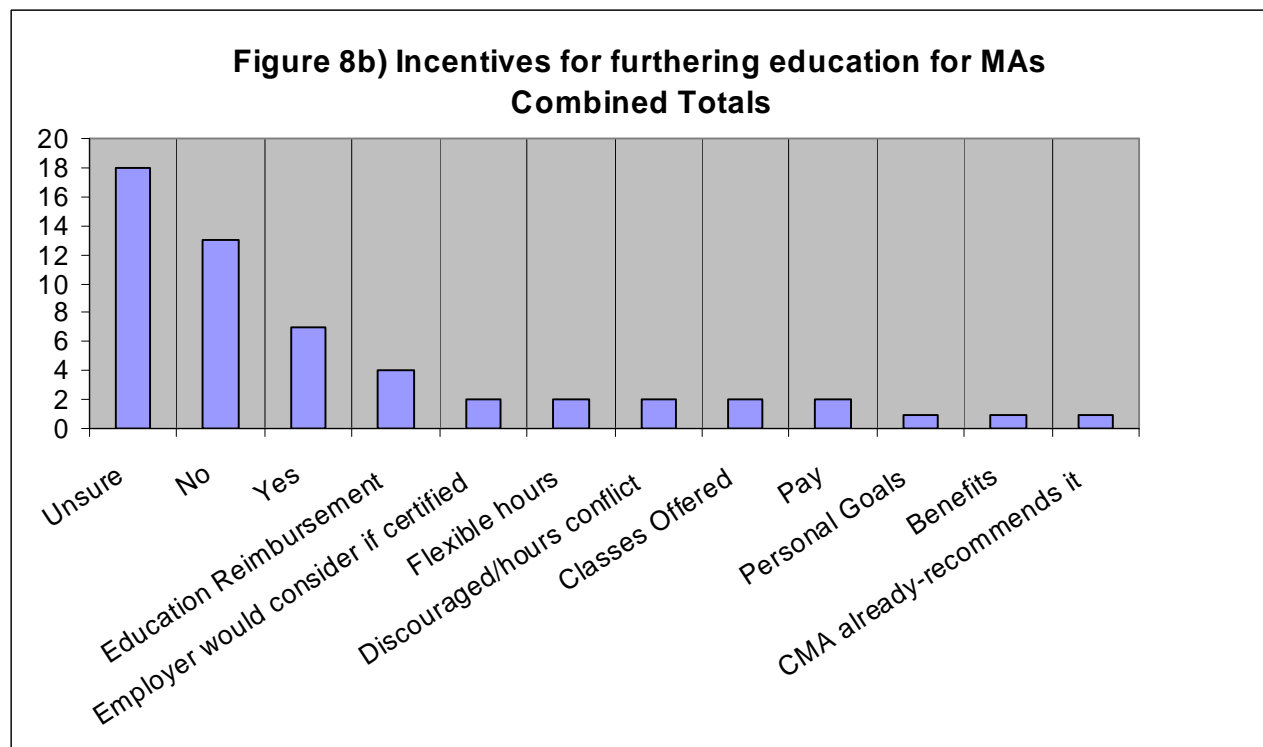
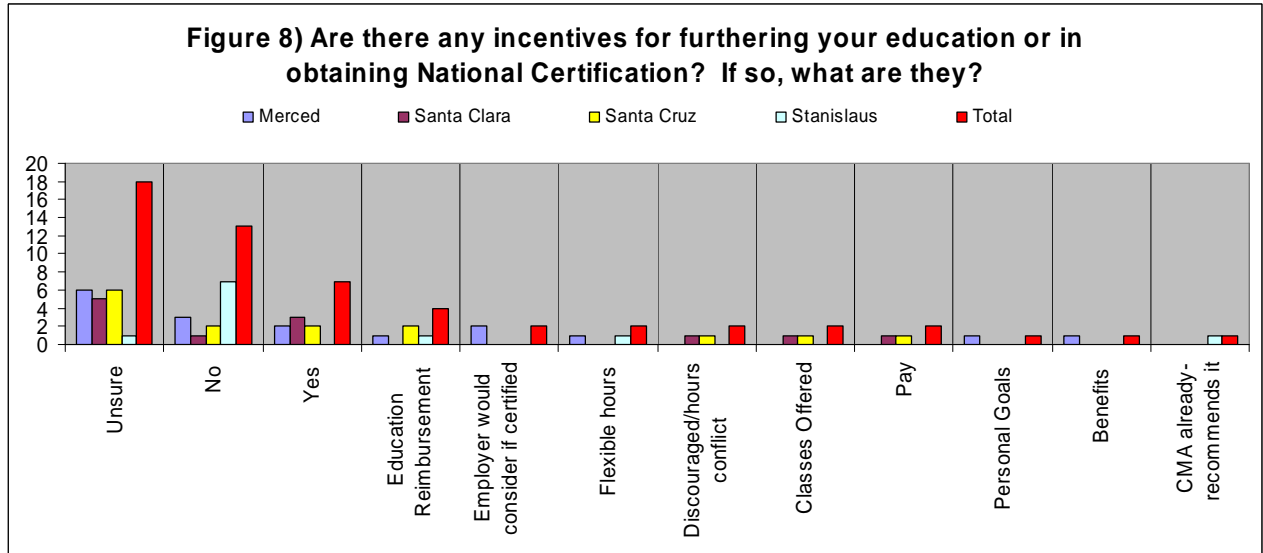




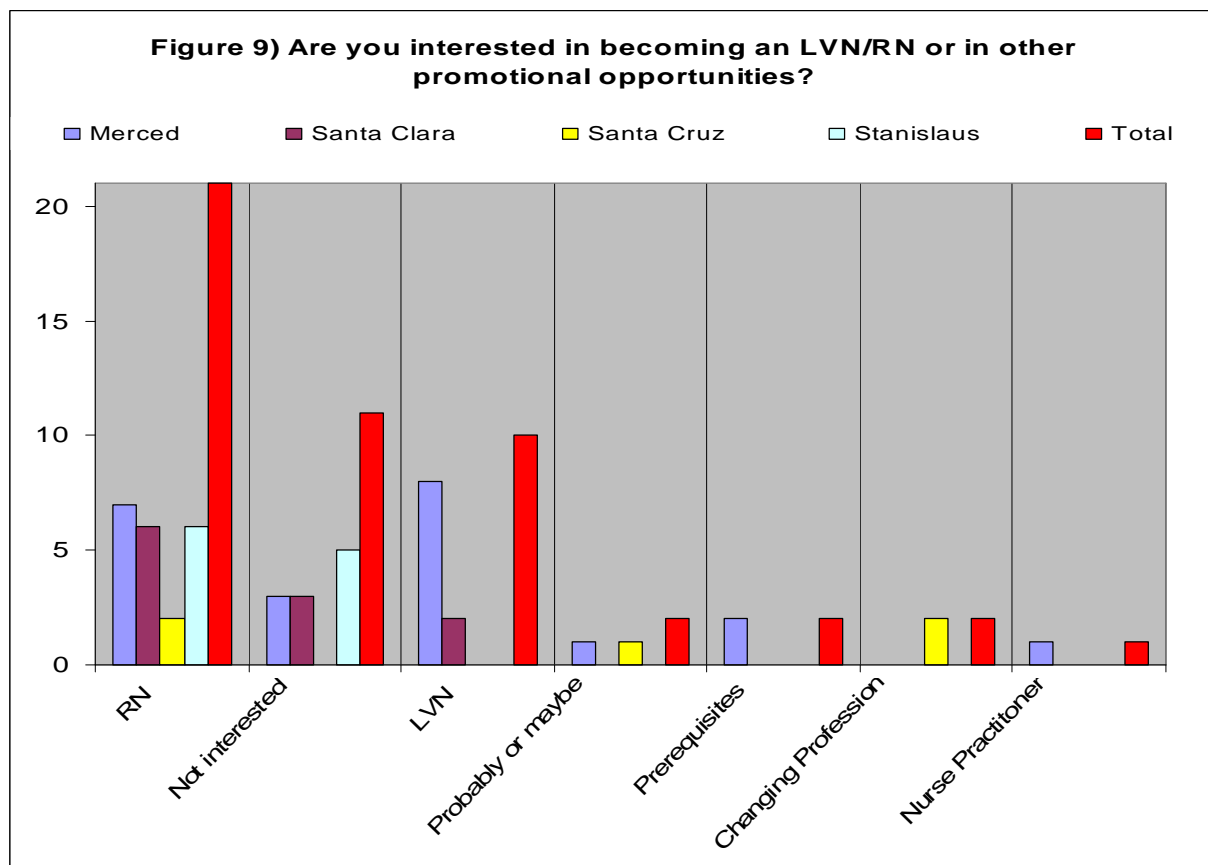
7) What are the barriers to advancement in your job?



8) Are there any incentives for furthering your education or in obtaining National Certification? If so, what are they?



9) Are you interested in becoming a LVN/RN or in other promotional opportunities?



FOCUS GROUPS EMPLOYER RESPONSES – DATA TABLES

Focus groups were held for the business group providers who employ medical assistants in Merced, Santa Clara, Santa Cruz, and Stanislaus Counties. A total of 28 providers attended the focus groups. The focus groups sessions were as follows:

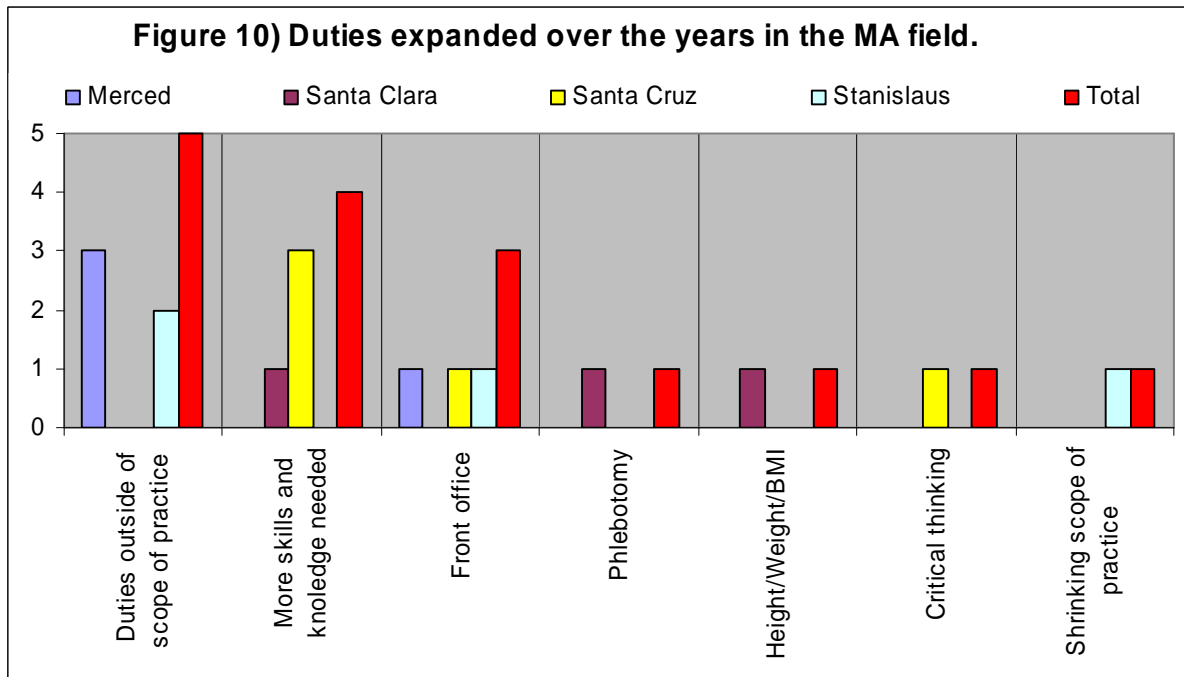
- Merced County - 4 providers in attendance held on 6/22/06 and 6/27/06.
- Santa Clara County - 12 providers in attendance held on 9/15/06.
- Santa Cruz County - 6 providers in attendance held on 10/18/06.
- Stanislaus County - 6 providers in attendance held on 9/20/06.

Each employer focus group was asked to respond to twelve questions. The results are as follows:

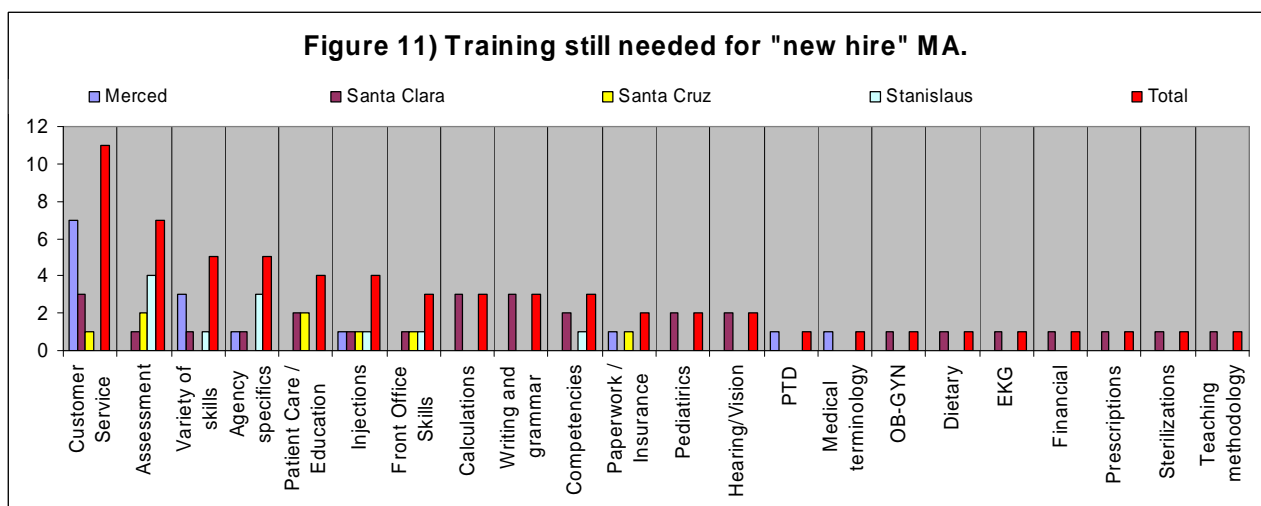
10) Have Medical Assistant duties changed or expanded over the years? If so, how?

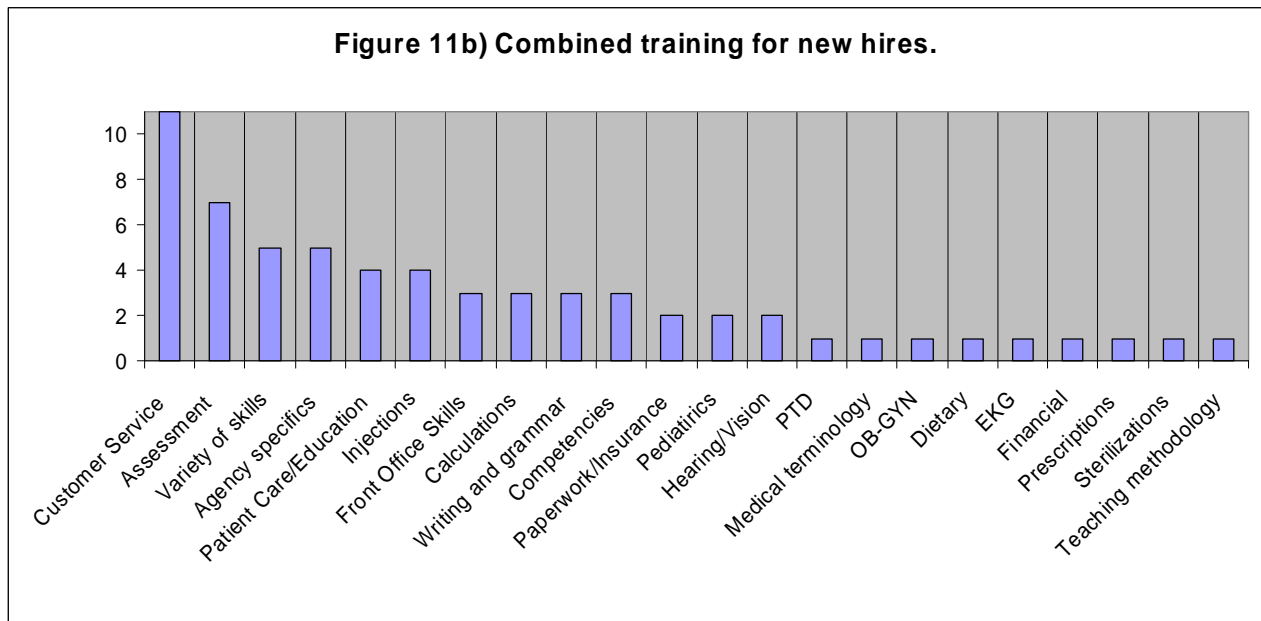
There were not clear answers to this question since doctors have medical assistants perform duties outside an MA’s scope of practice while working. One Merced County employer felt that the medical assistants were not prepared to do billing and office work while another felt that they do more now

than before. In Santa Clara County, many of the providers felt that the common duties have remained the same. Medical assistants can no longer perform phlebotomy. MAs who work for smaller doctor offices reported increased duties when compared to MAs employed in larger organizations. Most of the providers agreed that medical assistants do more than in previous years. All of the providers agreed that there have been definite changes for medical assistants.

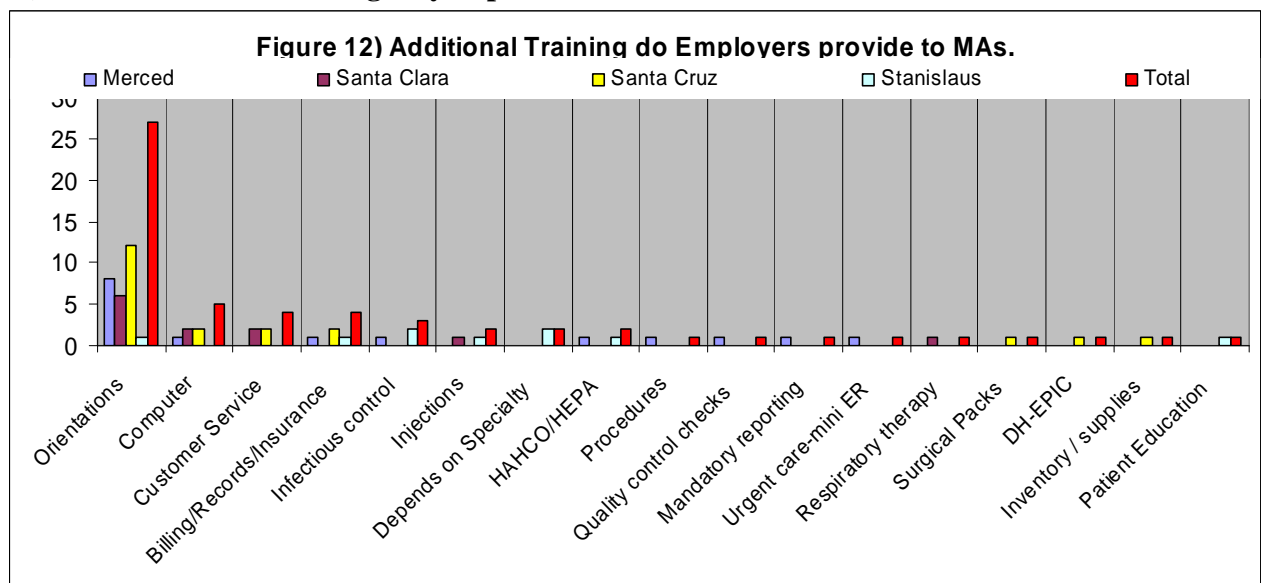


11) What training is still needed for a “new hire” medical assistant?





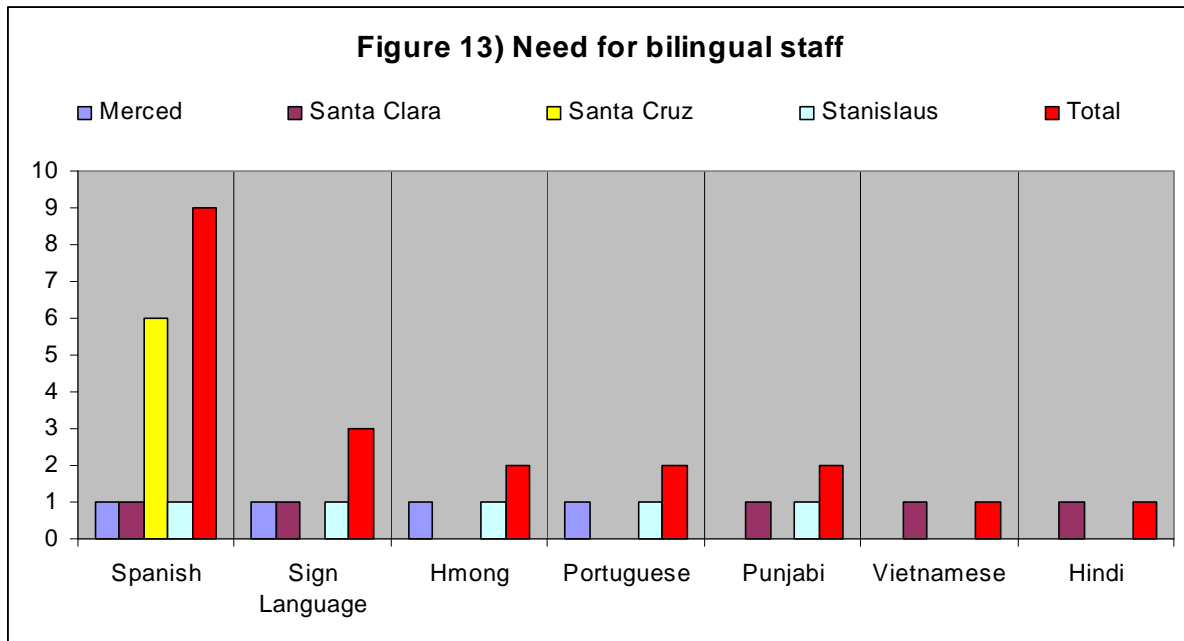
12) What additional training do you provide to medical assistants?



Note: Orientation is 3 weeks to 3 months. Customer Service includes conflict resolution

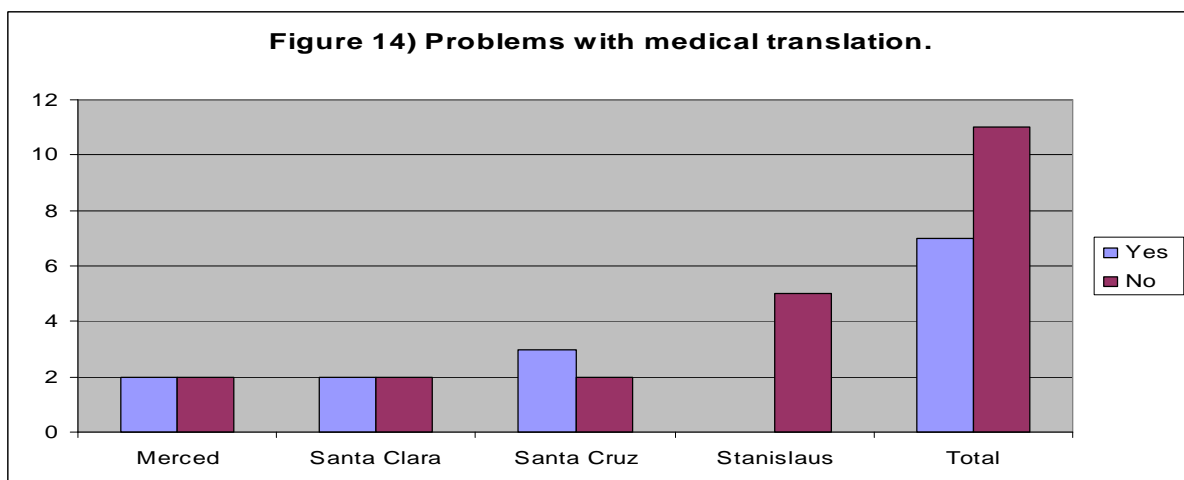
13) Do you need bilingual staff? If so, what languages?

Merced County employers uniformly responded yes to this question but added that they have access to the AT&T translation service. Employers reported that bilingual MAs are extremely beneficial and aids (MAs) in hiring decisions. Many of the doctors are hired from outside of the United States and speak other languages. Santa Clara County employers stated that there is access to all languages through other services. One Stanislaus County provider does not allow MAs to interpret since they do not know medical terminology in Spanish.



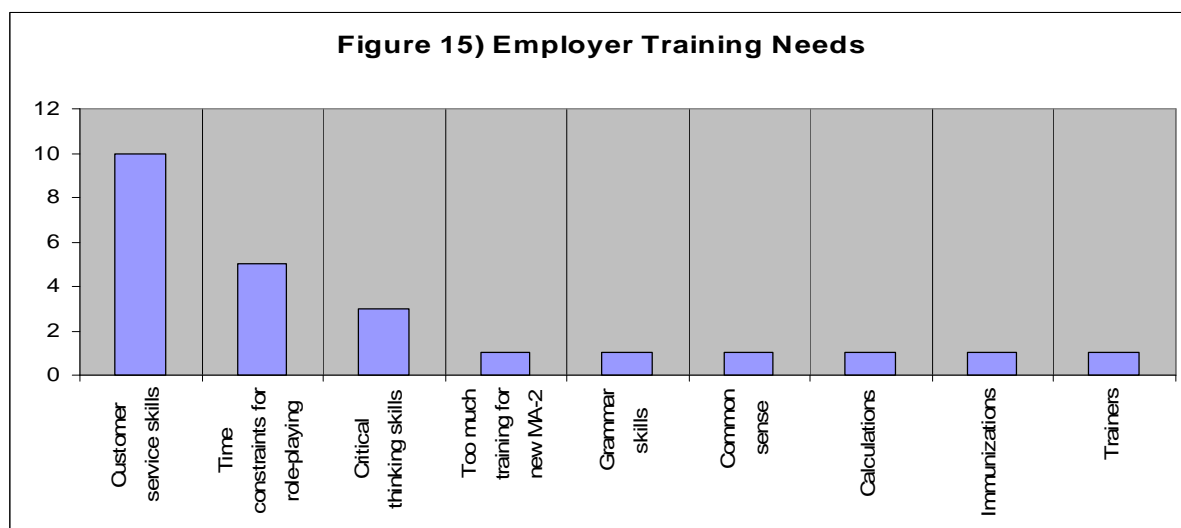
14) Have you encountered problems with bilingual staff translating medical terminology accurately? If so, what problems?

In Merced County, a local hospital requires their bilingual staff to be certified in order to translate. Many patients do not understand medical terminology in general, so additional problems can result with another language. Santa Clara County employers stated that having bilingual staff is not a major issue for them. Additionally, Santa Clara bilingual staff have to be certified and/or take a test for bilingual pay. The sentiment in Santa Cruz County was that medical terminology is a language in itself, which can create difficulties in communication. Stanislaus County employers stated that translating has not been too much of a problem for any of them. They added that they have access to the language line (AT&T).



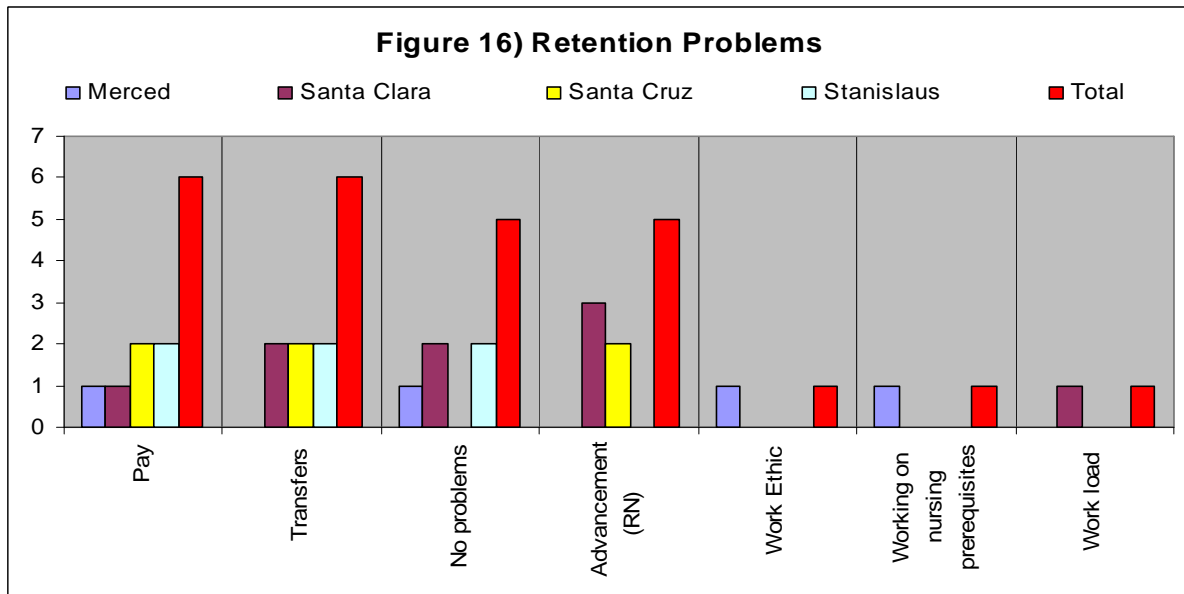
15) What training needs do you have that you cannot resolve?

In Merced County, the issues centered more on the nursing shortage and they felt that most training issues can be resolved normally. Time constraints to allow for role-playing and increase customer service skills were stressed as the most important issue they are having difficulty resolving. Santa Clara County added that soft skills were a common theme along with grammar skills, attendance, punctuality, critical thinking skills and common sense skills. Santa Cruz County employers stated that time constraints hinder much needed training and would like to add calculations training, critical thinking skills, immunizations and most importantly, they are having difficulty finding suitable trainers. Stanislaus County employers felt that of all new hires, the “Generation X-ers” lacked workplace basics and soft skills. The soft skills included work ethics, accountability, professionalism, reliability, respect, and proper cell phone and computer usage, personal grooming and interviewing skills.



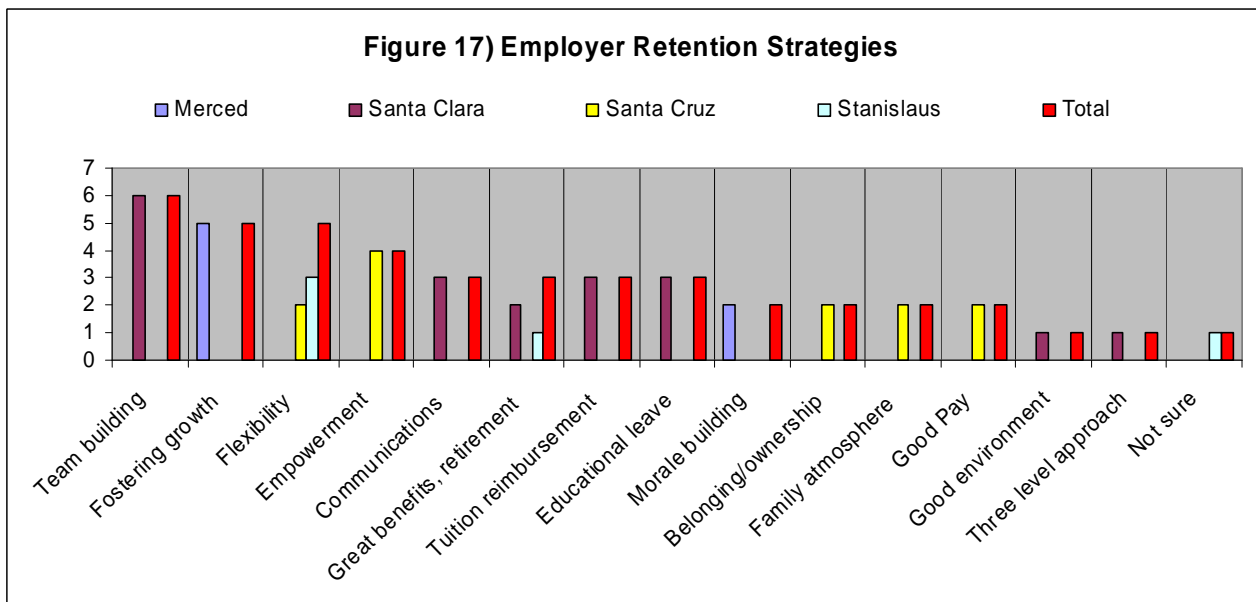
16) What problems do you have in retaining medical assistants?

Merced County employers felt that from the corporate perspective, there is no concept of what a Medical Assistant actually does. Santa Clara County felt that retention is not an issue if the salary is competitive. Santa Clara employers felt that the cost of living in their county is very high, which is a factor in the number of transfers and relocations they deal with. Stanislaus County employers reported that pay is a major issue, especially with Kaiser Permanente expanding their services in the local area.



17) What are you doing to retain medical assistants?

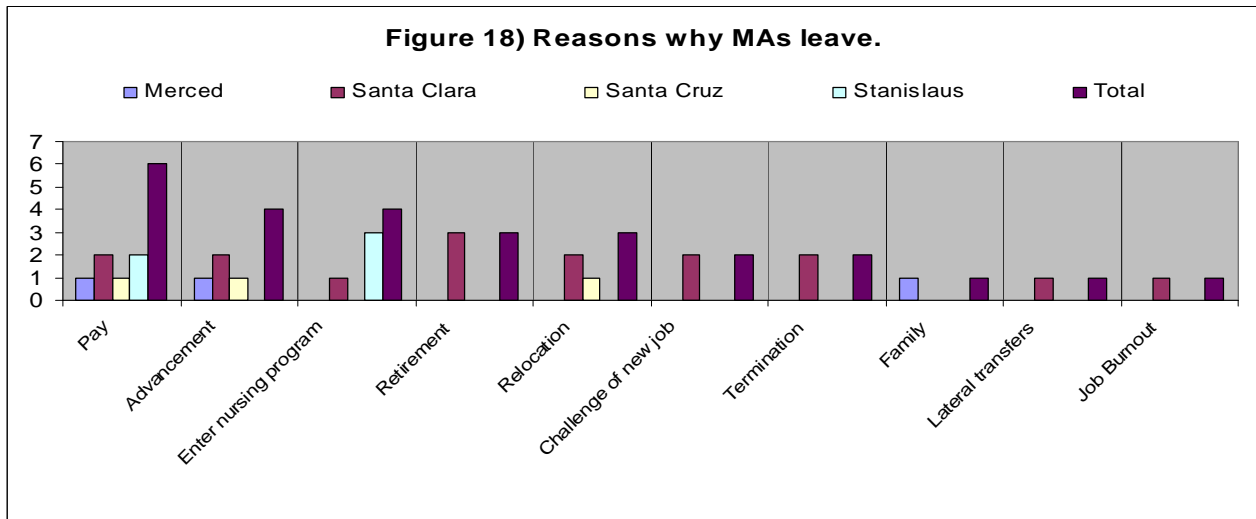
Merced County reported that having a good working environment is important in retention. Santa Clara employers felt that having MAs feel that they are an important part of the team and are valued are stressed and added that retention strategies ranged from tangible and intangible techniques. Santa Cruz employers stressed the importance of empowering their staff and valuing the important roles each MA plays in their offices, while Stanislaus County employers reported “flexibility” with time as their main retention strategy.



Note: Three level approach is defined as having a three-tiered MA system.

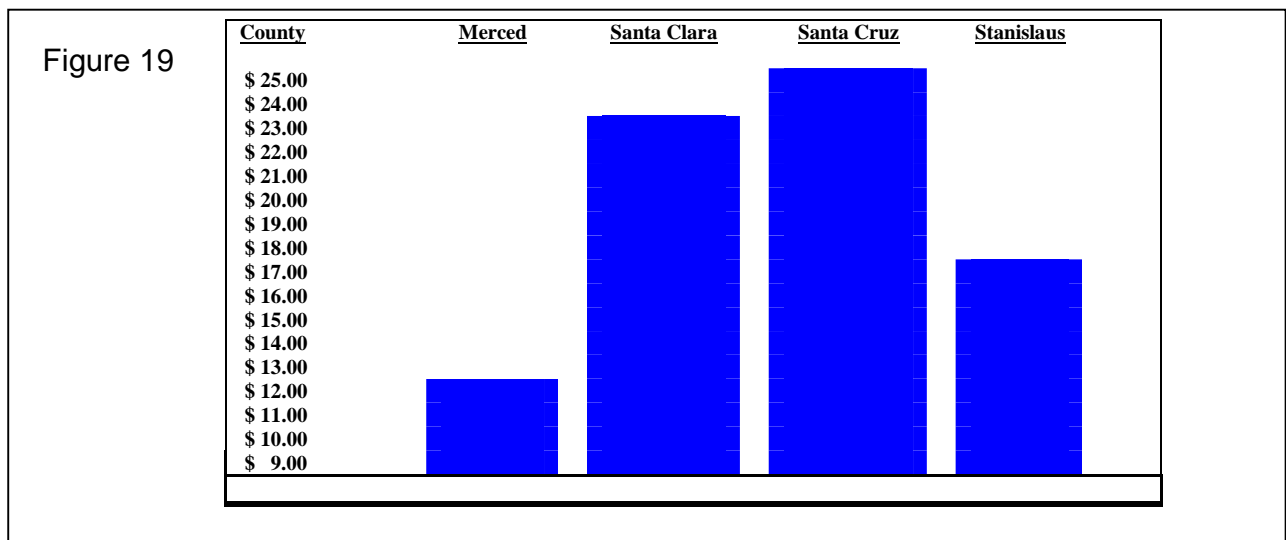
18) What are the reasons for medical assistants leaving?

Merced County reported pay, advancement, family and education as primary reasons why MAs leave. Santa Clara County reported that the aging of the workforce is a factor for leaving since many MAs are retiring.



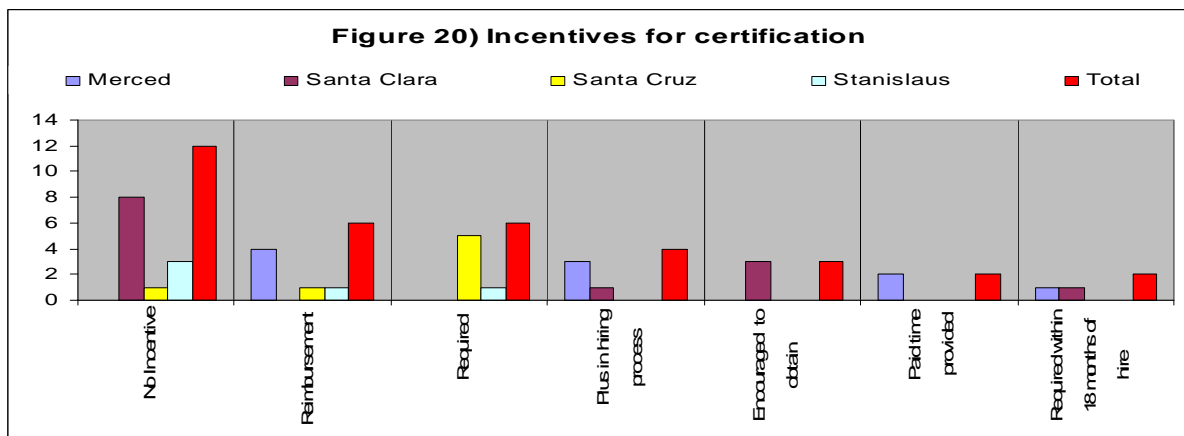
19) What is the pay range for medical assistants?

The Merced County employers’ pay range is lower than other counties. The providers who attended were from large medical facilities and smaller doctors’ offices. The range in Merced was from \$9.44 to \$13.00 per hour. Santa Clara employers stressed that “Mom and Pop” doctors are lower and that this is not a normal sample. All are per hour. Santa Clara pay range is \$11.00 to \$19.00, if certified MA then the rate is \$18.00 to \$23.00 per hour. The cost of living is a major factor in the starting pay for Santa Cruz County. Their MAs start at \$13.00 per hour to \$25.00. The providers in attendance were from smaller offices or clinics in Stanislaus County and their wages ranged from \$9.10 per hour to \$17.00 per hour.



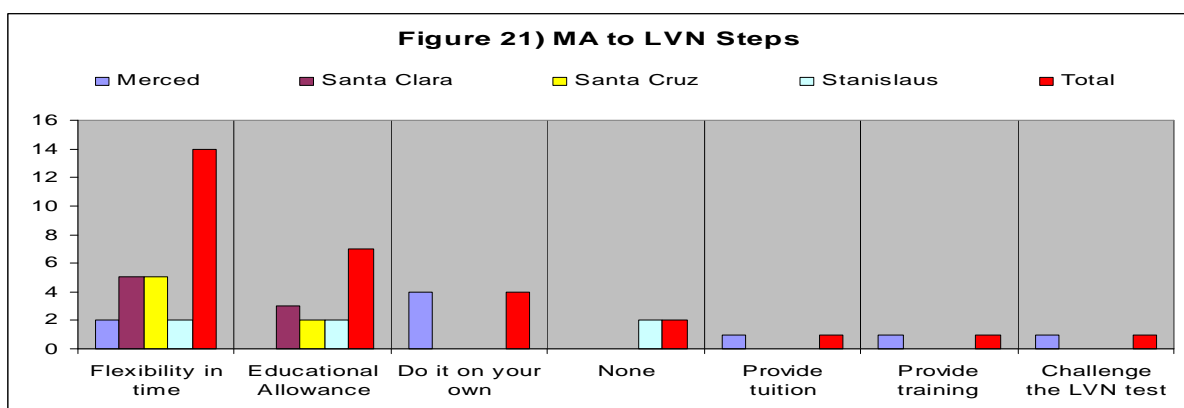
20) Are there any incentives, financial or professional, if a medical assistant is registered, certified or has the National Certification through the American Association of Medical Assistants (AMMA)? If so, please, describe.

Employers from Merced County stated that being certified is not a requirement. Santa Clara County employers felt that certification is a “plus” in the hiring process, but not a requirement. Only one employer from Santa Clara stated that it was required within 18 months of their hire date. In sharp contrast, Santa Cruz County employers require certification as a hiring requirement for most of the providers. In Stanislaus County, the scope of practice remains the same whether certified or not.



21) What would be the steps for a medical assistant to advance to a LVN within your organization?

Merced County employers reported that there is no pipeline for advancement but advancement is a commonly encouraged practice. Santa Clara employers encourage their Medical Assistants to enter the RN program and place very little emphasis on the LVN program. Santa Cruz County employers stated that LVNs are needed for nursing homes primarily. One of the Santa Cruz clinics employs MAs exclusively, while others want staff to pursue the RN program. They added that currently there is a 4-year waiting list for nursing school. One of the facilities in Stanislaus County no longer hires LVNs. Sutter Hospital has a 20/40 program available where staff can work 20 hours, but get paid for 40 hours while in the nursing program.



Appendix C

FOCUS GROUP QUESTIONING GUIDE

9 Questions asked to Medical Assistants

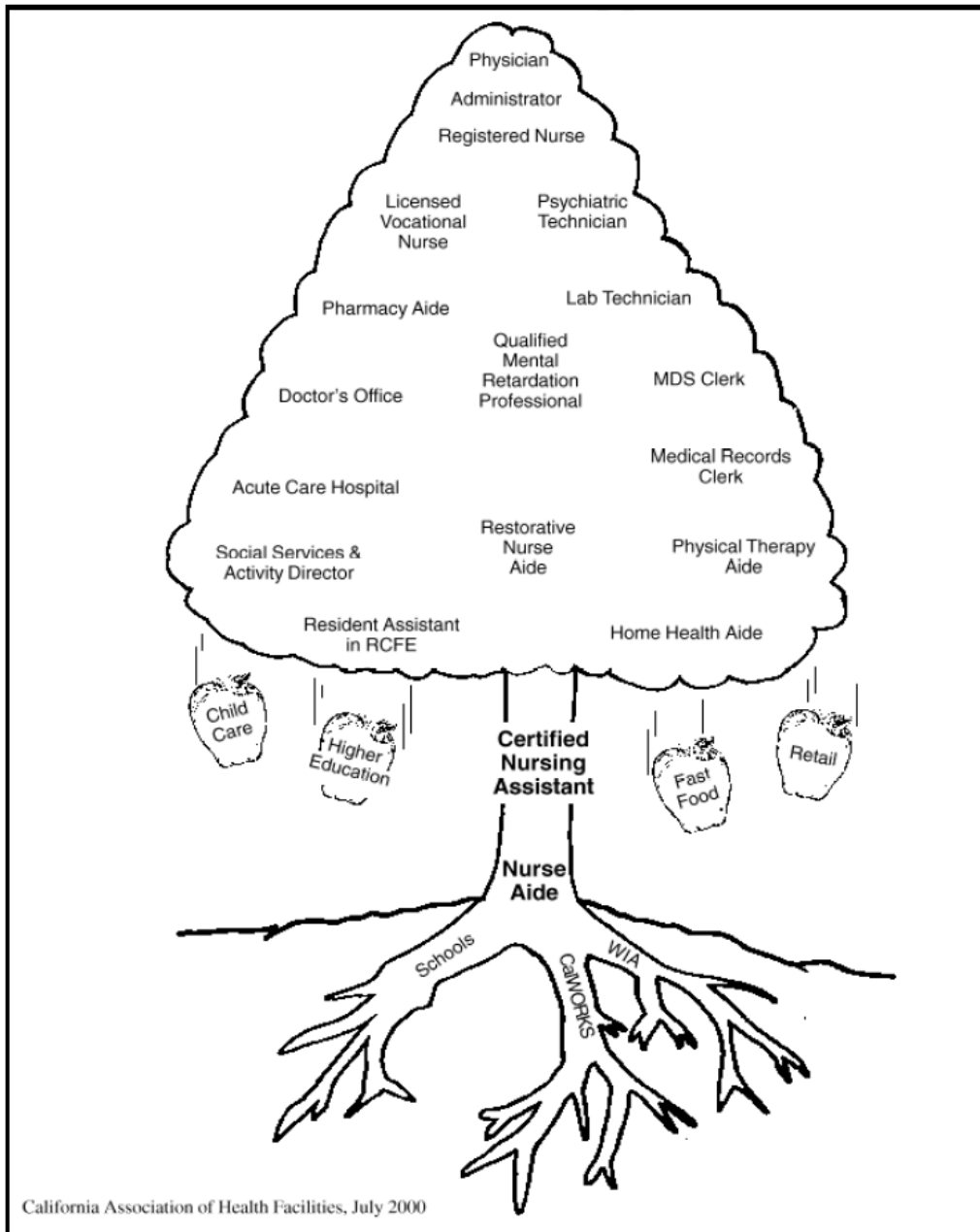
1. Did the job require other skills that were not included in the Medical Assistant training? If so, what were they?
2. Was any of the training outdated? If so, what?
3. How long was the externship and was it long enough? Why?
4. What keeps you in this line of work?
5. What would cause you to leave the Medical Assistant profession?
6. What is most important to you as a Medical Assistant? What are the two most important?
7. What are the barriers to advancement in your job?
8. Are there any incentives for furthering your education or in obtaining National Certification? If so, what are they?
9. Are you interested in becoming a LVN/RN or in other promotional opportunities?

12 Questions asked to Employers of Medical Assistants

10. Have Medical Assistant duties changed or expanded over the years? If so, how?
11. What training is still needed for a “new hire” Medical Assistant?
12. What additional training do you provide to Medical Assistants?
13. Do you need bilingual staff? If so, what languages?
14. Have you encountered problems with bilingual staff translating medical terminology accurately? If so, what problems?
15. What training needs do you have that you cannot resolve?
16. What problems do you have in retaining Medical Assistants?
17. What are you doing to retain Medical Assistants?
18. What are the reasons for Medical Assistants leaving?
19. What is the pay range for Medical Assistants?
20. Are there any incentives, financial or professional, if a Medical Assistant is registered, certified or has the National Certification through the American Association of medical Assistants (AMMA)? If so, please describe.
21. What would be the steps for a Medical Assistant to advance to an LVN within your organization?

Appendix D

TREE FORMAT C.N.A. CAREER LATTICE



“Tree” representation developed by the California Association of Health Facilities to illustrate nurse aides and certified nursing assistants (C.N.A.) as a start to other health careers (July 2000).

Appendix E

STEP FORMAT

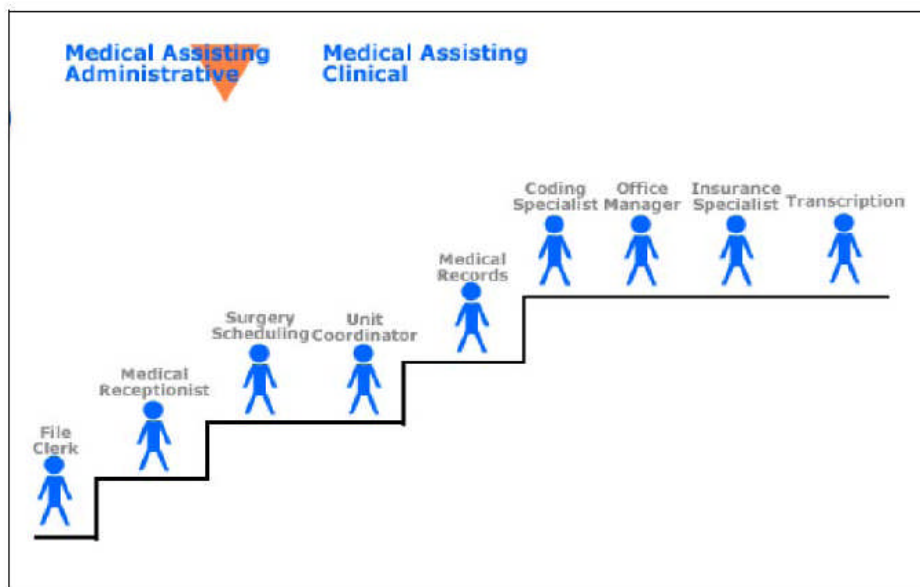
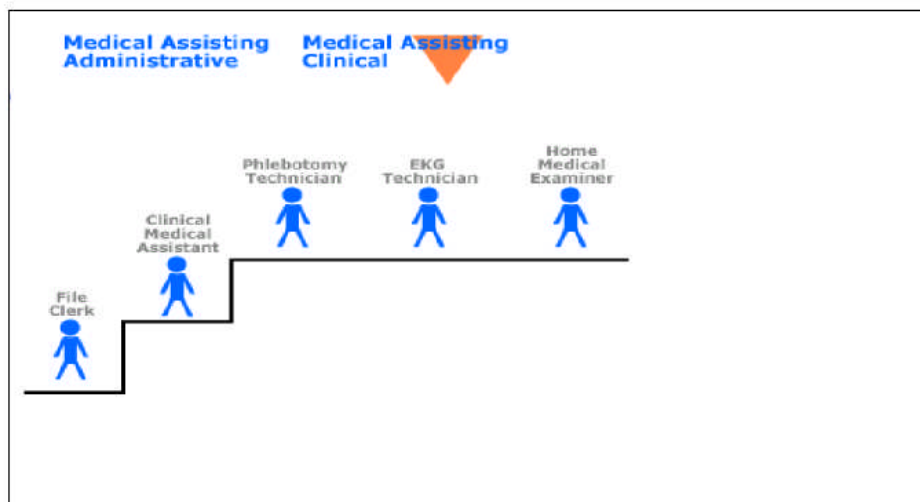


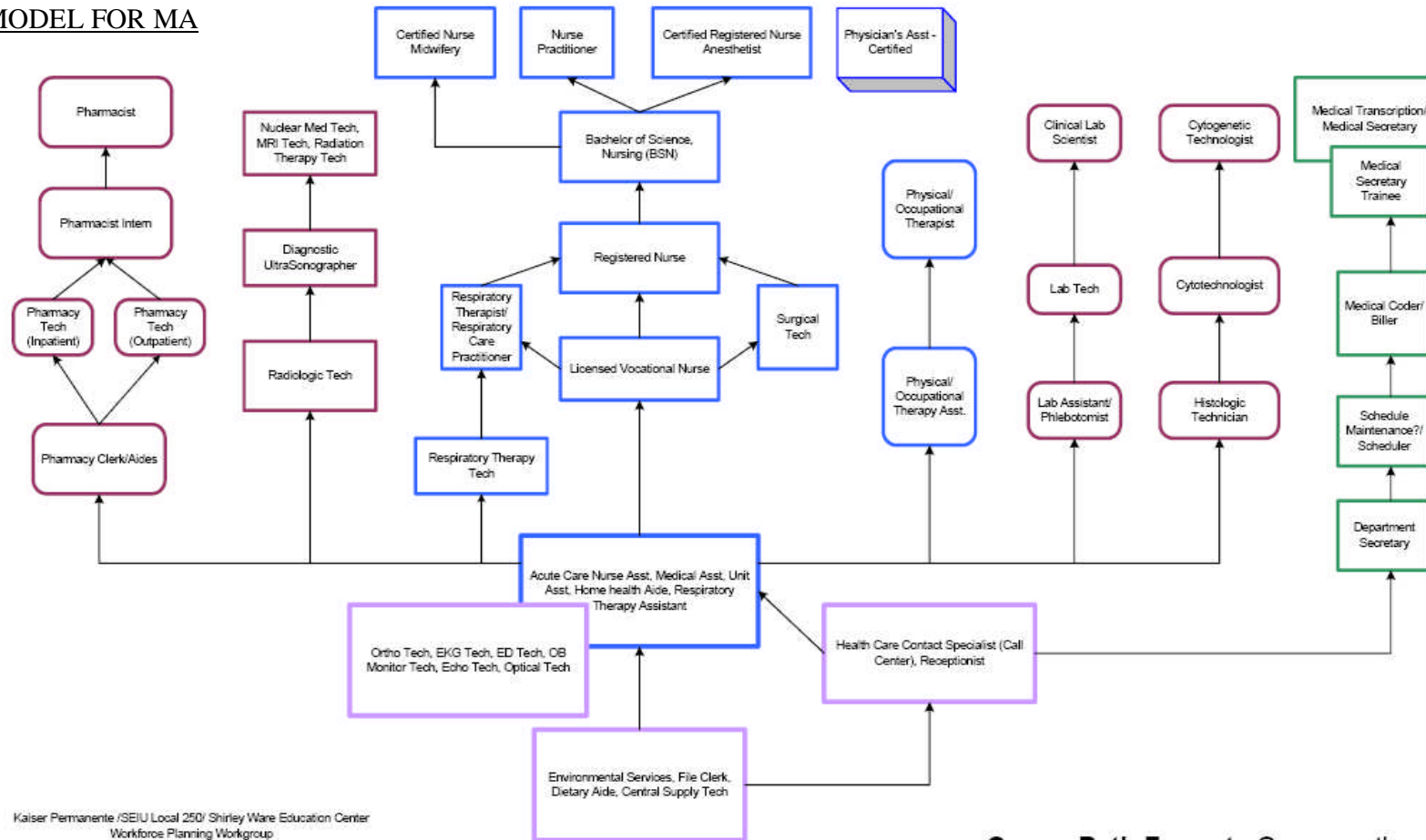
EXHIBIT 2.4 – Step Format Steps signify career growth opportunities for Medical Assistants who follow an administrative path (above) or a clinical path (below).

Source: Career Ladders Project, Santa Cruz County, 1998.
from www.careerladders.net/main/careerladders.htm (July 2002).



Appendix F

MODEL FOR MA



Kaiser Permanente /SEIU Local 250/ Shirley Ware Education Center
 Workforce Planning Workgroup
 8/02

– **Career Path Format** Career paths showing some lateral movement between related occupations. Source: Kaiser Permanente, SEIU Local 250, Shirley Ware Education Center, Workforce Planning Workgroup (August, 2002).

Notes

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- ¹ Employment Development Department, Labor Market Information Division, *California Occupational Guide*, July 2005.
- ² Center for the Health Professions, *Allied Health 1970s-2000s: A Review of Key Reports*, University of California, San Francisco, 2005.
- ³ Employment Development Department, Labor Market Information Division, *Health Care Careers*, May 2005.
- ⁴ Council for Adult and Experiential Learning (CAEL), *Employee Development, A Prescription for Better Healthcare*, 2005.
- ⁵ Employment Development Department, Labor Market Information Division, *Careers Under Construction: Models for Developing Career Ladders*, May 2005.
- ⁶ Robert Wood Johnson Foundation, *Defining the Frontline Workforce*, September 2005
- ⁷ Robert Wood Johnson Foundation, *Frontline Workforce Development: Promoting Partnerships and Emerging Practices in Health and Health Care*, September 22, 2005.
- ⁸ UCSF Center for the Health Professions, *Medical Assistants in California*, May 2004.
- ⁹ UCSF Center for the Health Professions, *Medical Assistants in California*, page.6, May 2004.
- ¹⁰ Medical Board of California, *Medical Assistants*. Retrieved from the World Wide Web at www.medbd.ca.gov/MA_FAQ.htm.
- ¹¹ Employment Development Department, Labor Market Information Division, *Careers Under Construction: Models for Developing Career Ladders*, May 2005.
- ¹² Employment Development Department EDD, Labor Market Information, *Select Careers*. Retrieved from the World Wide Web at: <http://www.calmis.ca.gov/selectcareers/>.