Announcements
### Summer 2017 Recap – BPS Youth Employment

<table>
<thead>
<tr>
<th>Brigham &amp; Women’s Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Massachusetts General Hospital</td>
</tr>
<tr>
<td>Dana Farber Cancer Institute</td>
</tr>
<tr>
<td>Tufts Medical Center</td>
</tr>
<tr>
<td>Boston Children’s Hospital</td>
</tr>
<tr>
<td>Beth Israel Deaconess Medical Center</td>
</tr>
<tr>
<td>Massachusetts Eye &amp; Ear Infirmary</td>
</tr>
<tr>
<td>Brigham &amp; Women’s Faulkner Hospital</td>
</tr>
<tr>
<td>New England Baptist Hospital</td>
</tr>
</tbody>
</table>

Healthcare = 500+ internships, representing 45% of high-level, employer-paid work experiences
Chief Information Officer (CIO) Meeting

November 2
Webinar Series
Explores effective practices from the Guide to Investing in Frontline Healthcare Workers.

Each webinar will feature a Champion employer and offer participants an opportunity to learn how best practices are implemented and sustained.

Webinars will be held at 2:00PM on:
October 11
November 15
December 13

Employer Academy
Health care organizations will receive technical assistance (TA) in implementing and sustaining business practices and policies that support frontline worker skill development and career advancement.

Boston Children's Hospital
Tufts Medical Center
Overview of the Greater Boston Workforce Skills Regional Planning Effort

September 22, 2017

Mark Melnik, Director
Economic & Public Policy Research, UMDI

Joe McLaughlin
Research and Evaluation Director, Boston PIC
Overview of Project

• State-driven project: a plan to address labor supply constraints in priority industries and occupations
• State has provided a regional planning blueprint template
• Seven “super regions”:
  Greater Boston: Metro North Regional Employment Board (MNREB), Boston PIC, and Partnerships for a Skilled Workforce (PSW)
• Current timeline is to finish by end of January 2018

Occupational Demand Analysis (SOC)

1. What are the top occupations or occupational groups (3-5 for the final blueprint) in which the region is facing the most significant employee shortages? Utilize the regional occupational list that ranks 3, 4, and 5 star occupations for the region and determine those with significant shortages based upon the “supply” data for the region, input from business, organizations and other input.

2. Which occupations offer a “career pathway” for workers to move to higher skills and wages, especially workers starting at entry-level? (Add 1 or 2 star occupations not included above that are entry-level yet important because of a career pathway or cluster.)
Criteria for Selecting Priority Industries and Occupations

Guidance from the state and discussion within the regional planning group led to these criteria:

- **Supply gap**: Occupations needing workers to successfully meet workforce demand
- **High growth, high wage occupations (4 and 5 Stars)**
- **Supportive employers**: Opportunities for people with barriers
- **Career pathways with entry points, ladders, and translatable skills**
- **Support Industry Resilience**
  - Strong industries we want to thrive
  - Industries at risk because of workforce crisis
- **What can we do as a region that we can’t do on our own as individual workforce boards?**

Occupation Analysis

- **Supply gap**
- **High growth, high wage occupations (4 - 5 Stars)**
- **Results:**
  - 207 four or five star occupations
  - 119 undersupplied

- **Intensity of supply gap in occupational group**
- **Require some postsecondary but less than a Master’s or higher degree**
- **Look for potential clusters of occupation based on skill/training.**
Regional Undersupplied 4 & 5 Star Occupations Requiring Less Than a Master’s/Doctorate

<table>
<thead>
<tr>
<th>Occupational Group</th>
<th>Total Occupations</th>
<th># of Occupations Under-Supplied</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Occupations</td>
<td>1</td>
<td>1</td>
<td>100%</td>
</tr>
<tr>
<td>Community and Social Services Occupations</td>
<td>2</td>
<td>2</td>
<td>100%</td>
</tr>
<tr>
<td>Healthcare Support Occupations</td>
<td>2</td>
<td>2</td>
<td>100%</td>
</tr>
<tr>
<td>Computer and Mathematical Occupations</td>
<td>13</td>
<td>12</td>
<td>92%</td>
</tr>
<tr>
<td>Healthcare Practitioners and Technical Occupations</td>
<td>13</td>
<td>11</td>
<td>85%</td>
</tr>
<tr>
<td>Management Occupations</td>
<td>23</td>
<td>18</td>
<td>78%</td>
</tr>
<tr>
<td>Education, Training, and Library Occupinations</td>
<td>9</td>
<td>6</td>
<td>67%</td>
</tr>
<tr>
<td>Business and Financial Operations Occupinations</td>
<td>21</td>
<td>12</td>
<td>57%</td>
</tr>
</tbody>
</table>

Note: Occupation groups with over 50% under-supplied

Target Occupational Groups

- **Health Care Practitioners & Technical Occupations and Health Care Support Occupations**

  13 meet the initial criteria
  Broadening to 3 stars for career pathway and cluster analysis brings in 20 occupations
  16 have sub-BA requirements so we focused on these ones.

- **Computer Occupations**

  12 occupations meet the initial criteria
  Excluded 1 non-computer occupation
  Of the 11 remaining, 3 sub-BAs
## Health Care Practitioners and Technical Occupations That Req. Less than a BA

<table>
<thead>
<tr>
<th>Occupation Group/ Title</th>
<th>Educational Requirement</th>
<th>Median Wage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Diagnosing and Treating Practitioners (SOC: 29-1000)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respiratory Therapists</td>
<td>Associate's degree</td>
<td>$72,186</td>
</tr>
<tr>
<td>Health Technologists and Technicians (SOC: 29-2000)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical and Clinical Laboratory Technicians</td>
<td>Associate's degree</td>
<td>$38,920</td>
</tr>
<tr>
<td>Dental Hygienists</td>
<td>Associate's degree</td>
<td>$85,307</td>
</tr>
<tr>
<td>Cardiovascular Technologists and Technicians</td>
<td>Associate's degree</td>
<td>$78,211</td>
</tr>
<tr>
<td>Diagnostic Medical Sonographers</td>
<td>Associate's degree</td>
<td>$84,805</td>
</tr>
<tr>
<td>Nuclear Medicine Technologists</td>
<td>Associate's degree</td>
<td>$76,856</td>
</tr>
<tr>
<td>Radiologic Technologists</td>
<td>Associate's degree</td>
<td>$73,065</td>
</tr>
<tr>
<td>Magnetic Resonance Imaging Technologists</td>
<td>Associate's degree</td>
<td>$85,609</td>
</tr>
<tr>
<td>Veterinary Technologists and Technicians</td>
<td>Associate's degree</td>
<td>$46,208</td>
</tr>
<tr>
<td>Licensed Practical and Licensed Vocational Nurses</td>
<td>Postsecondary nondegree award</td>
<td>$55,133</td>
</tr>
<tr>
<td>Medical Records and Health Information Technicians</td>
<td>Postsecondary nondegree award</td>
<td>$46,976</td>
</tr>
</tbody>
</table>

## Health Care Support Occupations

<table>
<thead>
<tr>
<th>Occupation Group/ Title</th>
<th>Educational Requirement</th>
<th>Median Wage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing, Psychiatric, and Home Health Aides (SOC: 31-1000)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing Assistants</td>
<td>Postsecondary nondegree award</td>
<td>$29,960</td>
</tr>
<tr>
<td>OT and PT Assistants and Aides (SOC: 31-2000)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupational Therapy Assistants</td>
<td>Associate's degree</td>
<td>$60,379</td>
</tr>
<tr>
<td>Physical Therapist Assistants</td>
<td>Associate's degree</td>
<td>$59,882</td>
</tr>
<tr>
<td>Other Healthcare Support Occupations (SOC: 31-9000)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Massage Therapists</td>
<td>Postsecondary nondegree award</td>
<td>$47,550</td>
</tr>
<tr>
<td>Medical Assistants</td>
<td>Postsecondary nondegree award</td>
<td>$37,674</td>
</tr>
</tbody>
</table>

Note: Blue shaded occupations are 4 or 5 stars.
## Computer and Mathematical Occupational Broad Groups

<table>
<thead>
<tr>
<th>Occupation Group/ Title</th>
<th>Educational Requirement</th>
<th>Median Wage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Computer and Information Analysts (SOC: 15-112)</td>
<td>Bachelor's degree</td>
<td>$96,084</td>
</tr>
<tr>
<td>Information Security Analysts</td>
<td>Bachelor's degree</td>
<td>$106,444</td>
</tr>
<tr>
<td>Software Developers and Programmers (SOC: 15-113)</td>
<td></td>
<td>$113,992</td>
</tr>
<tr>
<td>Computer Programmers</td>
<td>Bachelor's degree</td>
<td>$79,864</td>
</tr>
<tr>
<td>Software Developers, Applications</td>
<td>Bachelor's degree</td>
<td>$89,177</td>
</tr>
<tr>
<td>Software Developers, Systems Software</td>
<td>Bachelor's degree</td>
<td></td>
</tr>
<tr>
<td>Web Developers</td>
<td>Associate's degree</td>
<td>$87,671</td>
</tr>
<tr>
<td>Database Administrators and Network Architects (SOC: 15-114)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Database Administrators</td>
<td>Bachelor's degree</td>
<td>$82,250</td>
</tr>
<tr>
<td>Network and Computer Systems Administrators</td>
<td>Bachelor's degree</td>
<td>$86,693</td>
</tr>
<tr>
<td>Computer Network Architects</td>
<td>Bachelor's degree</td>
<td>$115,694</td>
</tr>
<tr>
<td>Computer Support Specialists (SOC: 15-115)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Computer User Support Specialists</td>
<td>Some college, no degree</td>
<td>$60,892</td>
</tr>
<tr>
<td>Computer Network Support Specialists</td>
<td>Associate's degree</td>
<td>$78,221</td>
</tr>
</tbody>
</table>

## Outline of Blueprint

- **Where are we now?**
  - Regional context
  - Workforce supply
- **Where do we want to go?**
  - Priority industries and occupations
  - Career pathways and credential and non-credential assets
  - Vision, mission, and goals
- **How do we get there?**
  - Shared strategies
  - Mutually reinforcing activities
Process and Next Steps

• **Session Two Meeting – June 2017**
  Review State’s labor supply data and preliminary target industries

• **Session Three Meeting – September 2017**
  Confirm target industries and occupations, discuss challenges

• **Session Four Meeting – November 2017**
  Facilitated session to prepare common vision and goals

• **Conduct interviews with employers in target industries**
  Confirm supply data
  Review target occupations identified
  Identify career pathways

For more information:

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mmelnik@donahue.umassp.edu

**Boston PIC**
Joe McLaughlin
617-488-1314
Joseph.McLaughlin@bostonpic.org
Medical Assistants

Department of Public Health: Immunization Administration by Medical Assistants

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Professions Licensure
238 Causeway Street, Boston, MA 02114

TO: Primary Care Providers
FROM: Monica Blount, MD, MPH, Commissioner, Department of Public Health
James G. Levy, Jr., Director, Bureau of Health Professions Licensure
CC: George Zaches, Executive Director, Board of Registration in Medicine
DATE: August 10, 2017

RE: Immunization Administration by Medical Assistants

The purpose of this Circular Letter is to inform primary care providers, including Physicians, Certified Nurse Practitioners (CNPs), Certified Nurse Midwives (CNMs), and Physician Assistants (PAs) about certifications approved by the Department of Public Health (DPH) in addition to those issued in M.G.L. c. 112, §12A, that permit medical assistants who meet the certification requirements to administer immunizations under the direction of a primary care provider (PCP) acting within his or her designated scope of practice.

As described in Circular Letter DCP 16-12444 (Attachment 1), a PCP may delegate the administration of immunizations to a medical assistant who:

1. has graduated from a post-secondary medical assisting education program accredited by the Commission on Accreditation of Allied Health Education Programs, or the Accrediting Bureau of Health Education Schools;
2. is employed in the clinical practice of a licensed primary care provider; and
3. performs basic administrative, clerical, and clinical duties upon the specific authorization and under the direct supervision of a licensed primary care provider.
Immunization administration competencies that an acceptable post-secondary MA program must include are:

**Training Requirement**

- Understanding of vaccines; their use, general recommendations for handling, storage and administration.
- Understanding of the general anatomy of the arm and thigh, and the position and extent of the deltoid muscles in the arm and the anterolateral thigh muscles.
- Understanding of vaccine products, packaging, correct use and labeling.
- Use of vaccine information statements (VISs) and provision of patient counseling regarding VIS and other relevant information.
- Aseptic technique for drawing up vaccines in a syringe and administering vaccines.
- Use of standard infection control precautions as relates to vaccine administration.
- Correct administration of intramuscular and subcutaneous injections, with the correct use of the safe site and route of administration indicated for the particular vaccine, and use of a needle of the recommended size.
- Correct administration of vaccines given by the oral and nasal routes.
- Safe injection practices and safe disposal of needles, syringes, and other hazardous waste.
- Appropriate response to predictable emergency situations related to vaccine administration (e.g. fainting, allergy, etc.), using established procedures.
- Full documentation of vaccine administration; dose, route, date, time, and person administering.
- Understanding of immunization information systems and their use.
- Understanding of the Vaccine Adverse Event Reporting System (VAERS) and its use.

**MA Survey**

11 employers participated in survey

- BIDMC
- Boston Children's Hospital
- Boston Health Care for the Homeless
- Brigham and Women’s Hospital
- Dana-Farber Cancer Institute
- East Boston Neighborhood Health Center
- Harbor Health Services, Inc.
- MGH
- Partners HealthCare
- Spaulding Rehabilitation Network
- Tufts Medical Center
MA Survey

Please list all titles MAs are hired under at your institution:

<table>
<thead>
<tr>
<th>Respondents</th>
<th>Title 1</th>
<th>Title 2</th>
<th>Title 3</th>
<th>Title 4</th>
<th>Title 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIDMC</td>
<td>Medical Assistant (mostly clinical duties, some admin)</td>
<td>Practice Assistant (mostly administrative duties, some clinical)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boston Children’s Hospital</td>
<td>Medical Assistant</td>
<td>Clinical Assistant, Ambulatory, Inpatient</td>
<td>Clinical Assistant, Ambulatory, Inpatient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boston Healthcare for the Homeless</td>
<td>Medical Assistant</td>
<td>Patient Benefits Coordinator/MA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brigham &amp; Women’s Hospital</td>
<td>Medical Assistant</td>
<td>Medical/Practice Assistant</td>
<td>Lead Medical Assistant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dana-Farber Cancer Institute</td>
<td>Clinic Assistant</td>
<td>Clinical Assistant/Phlebotomist</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>East Boston Neighborhood Health Center</td>
<td>Medical Assistant</td>
<td>Medical Assistant Coordinator</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Harbor Health</td>
<td>Medical Assistant</td>
<td>Pediatric Registration Assistant</td>
<td>Women’s Health Registration Assistant</td>
<td>Senior Medical Assistant</td>
<td>Medical Assistant, Primary Care, Technical Assistant</td>
</tr>
<tr>
<td>MGH</td>
<td>Medical Assistant I</td>
<td>Medical Assistant II</td>
<td>Medical Assistant, Lead</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spaulding Rehab</td>
<td>Medical Service Associate</td>
<td>Patient Service Associate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tufts Medical Center</td>
<td>Medical Assistant</td>
<td>Practice Coordinator-Medical Assistant</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What is the starting wage for MA's at your institution with no experience?

- Answers ranged from: **$13.25 - $17.25/hr**
- Answers averaged: **$15.00/hr**
MA Survey

What is the expectation for experience and skills for new grads applying to MA jobs?

- No minimums for experience, previous healthcare experience preferred, knowledge of EMR
- Work requires a high school diploma or equivalent
- High school diploma or GED required, college certificate preferred
- To have completed an accredited medical assistant program
- MA certificate or diploma, completed externship
- Several years experience, its a fairly independent role
- 1-2 years

MA Survey

How many Medical Assistants are currently employed at your institution?

<table>
<thead>
<tr>
<th>Respondents</th>
<th>FT</th>
<th>PT</th>
<th>Per Diem (&amp; temp)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIDMC</td>
<td>263</td>
<td>12</td>
<td>39</td>
</tr>
<tr>
<td>Boston Children's Hospital</td>
<td>271</td>
<td>53</td>
<td>0</td>
</tr>
<tr>
<td>Boston Health Care for the Homeless</td>
<td>6</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Brigham &amp; Women's Hospital</td>
<td>282</td>
<td>29</td>
<td>16</td>
</tr>
<tr>
<td>Brigham &amp; Women's Physician's Organization</td>
<td>47*</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>Cooley Dickenson</td>
<td>2*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Harbor Health &amp; affiliate CHC's</td>
<td>13</td>
<td>25</td>
<td>6</td>
</tr>
<tr>
<td>MGH</td>
<td>333</td>
<td>53</td>
<td>25</td>
</tr>
<tr>
<td>Nantucket</td>
<td>1*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Newton Wellesley Hospital</td>
<td>59*</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>North Shore Medical Center</td>
<td>2*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>North Shore Physicians Group</td>
<td>127*</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>Partners Community Physician's Organization (formally PCHI)</td>
<td></td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>RCI</td>
<td>5*</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Spaulding</td>
<td>6</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Tufts Medical Center</td>
<td>73</td>
<td>14</td>
<td>8</td>
</tr>
</tbody>
</table>

* regular employees. FT/PT status unknown
MA Survey

Please identify the number of MAs at your institution that fall into each age bracket

- Boston Children’s Hospital (n=324)
- Tufts Medical Center (n=95)
- Spaulding Rehab (n=8)
- Harbor Health (n=44)
- BIDMC (n=314)
- MGH (n=411)
- BHCFH (n=8)

- 18-24
- 25-34
- 35-44
- 45+

MA Survey

Do you have a MA career ladder at your institution?

- yes, 5
- no, 3
MA Survey

What other career pathways might exist for MAs at your institution?

RN, Central Processing or Surgical Technologist, billing, registration specialist,

Many CAs want to become nurses and this is the direct pathway. However, some most likely look at Tech jobs of various types.

Moving into a Practice Coordinator position and developing through the Administrative Career ladders, pursuing nursing

Other clinical or administrative roles of their choice.

They can participate in tuition reimbursement to pursue nursing or other career paths

We have a tuition assistance program which can be used for college level classes (RN)

Lead MA, Supervisor, Practice Manager

Other clinical area leadership roles

RN, Case Manager, Patient Benefits Coordinator

MA Survey

What is the (estimated) number of days from posting to placement for a MA role at your institution?

21 30 30 38 45 90

A B C E F G
On average, about how many applicants does your institution receive for every one MA posting?

How many current MA vacancies do you have at your institution?

<table>
<thead>
<tr>
<th>Respondents</th>
<th>FT</th>
<th>PT</th>
<th>Per Diem</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIDMC</td>
<td>6</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Boston Children’s Hospital</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boston Health Care for the Homeless</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>DFCI</td>
<td>4</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Harbor Health</td>
<td>2</td>
<td>2</td>
<td>always looking for per diems</td>
</tr>
<tr>
<td>MGH</td>
<td>28</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Spaulding Rehab</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Tufts Medical Center</td>
<td>8</td>
<td>3</td>
<td>1</td>
</tr>
</tbody>
</table>

*Vacancy data captured in May-July 2017*
MA Survey

What **percentage or number of MAs turn over** at your institution within the following time spans?

<table>
<thead>
<tr>
<th>Respondent</th>
<th>6 months</th>
<th>1 year</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td></td>
<td>16%</td>
</tr>
<tr>
<td>B</td>
<td></td>
<td>22%</td>
</tr>
<tr>
<td>C</td>
<td>9%</td>
<td>24%</td>
</tr>
<tr>
<td>D</td>
<td></td>
<td>30%</td>
</tr>
<tr>
<td>E</td>
<td>19%</td>
<td>34%</td>
</tr>
</tbody>
</table>

MA Survey

What are the **three most common reasons for MA turnover** at your institution?

Commonly cited reasons for turnover in responses:
- compensation
- personal reasons/moving
- lack of growth opportunities
## MA Survey

### What are the **biggest challenges you face in hiring MAs** at your institution?

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Managers wanting experienced MAs vs. new grads, passion for work vs. just wants a job, limited number of applicants</td>
<td>Finding reliable/dependable staff who are willing to work hard and go above and beyond for patients.</td>
</tr>
<tr>
<td>Finding reliable/dependable staff who are willing to work hard and go above and beyond for patients.</td>
<td>For recent graduates—there is a long gap of time between the student finishing the program and receiving their certificate of completion from the school</td>
</tr>
<tr>
<td>Salary</td>
<td>Salary, ability to be flexible with hours, finding candidates with experience, language capacity (seeking bilingual candidates).</td>
</tr>
<tr>
<td>Finding high quality, customer service oriented, reliable MAs that are prepared to work in a fast-paced, complex acute care environment</td>
<td>We sometimes have difficulty filling the “late shifts” i.e. 10pm-6:30am</td>
</tr>
<tr>
<td>Finding medical assistants with Phlebotomy experience and the ability to learn how to process labs</td>
<td></td>
</tr>
</tbody>
</table>

## MA Survey

### How has the **(CMS meaningful use)** ruling impacted your practice?

<table>
<thead>
<tr>
<th>Impacted</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>has not - our MAs do not enter orders</td>
<td>It was one of the contributing factors to developing and implementing a Medical Assistant clinical ladder</td>
</tr>
<tr>
<td>n/a</td>
<td>N/A, dont require MA's to enter orders.</td>
</tr>
<tr>
<td>N/A, dont require MA's to enter orders.</td>
<td>NA</td>
</tr>
<tr>
<td>NA</td>
<td>no</td>
</tr>
</tbody>
</table>
MA Survey

Has this guideline led you to stipulations that all newly hired Medical Assistants must be certified?

- Yes, 0
- No, 6
- Other (please specify), 1

Other (please specify)
They must become certified within 6 months of hire

MA Survey

Has the ruling led to initiatives in your practice to get your existing medical assistants certified?

- Yes, 2
- No, 3
- Other (please specify), 2

Other (please specify)
Still considering
It is something that we are working on for the future.
**MA Survey**

How has the **scope of work** changed for MAs at your institution?

<table>
<thead>
<tr>
<th>MAs are being more fully integrated into the care teams</th>
</tr>
</thead>
<tbody>
<tr>
<td>It has caused us to re-look at all the roles in the clinics to ensure each discipline is practicing at the top of their scope and not over it. The scope of practice for Medical Assistants has become broader.</td>
</tr>
<tr>
<td>n /a</td>
</tr>
<tr>
<td>Increased accountability in the same amount of hours. Increased workload but have the same visit length in which to get the job done.</td>
</tr>
<tr>
<td>Generally has not changed lately but we are exploring additional clinical responsibilities in some highly specialized areas.</td>
</tr>
<tr>
<td>no</td>
</tr>
</tbody>
</table>

---

**MA Survey**

Does your institution require that MAs be certified? If so, please indicate the specific certifying bodies that you accept.

- Yes, 3
- No, 4

<table>
<thead>
<tr>
<th>If yes, please specify the certifying bodies your institution will accept:</th>
</tr>
</thead>
<tbody>
<tr>
<td>CA II requires a CNA certificate or equivalent</td>
</tr>
<tr>
<td>AAMA, AMT</td>
</tr>
<tr>
<td>not yet</td>
</tr>
<tr>
<td>no</td>
</tr>
</tbody>
</table>
MA Survey

Are there situations where experience outweighs program accreditation or certification when considering a candidate for a MA role?

No, 2
Yes, 3

MA Survey

Do you offer an in-house MA training/upskilling program?

No, 5
Yes, 2
MA Survey

Does your institution have an affiliated physician practice organization that hires MAs as well?

Yes, 3

No, 4

What other factors are relevant at your institution or in the field generally, that you think might help to forecast demand?

We are taking a close look at the MA role and developing a strategy to maximize the talent in this group.

Healthcare costs continue to rise and there is more pressure on primary providers to manage care, pushing RN’s out of clinics and replacing them with LPNs and Medical Assistants.

Expansion of medical services in outpatient settings.

Patient Centered Medical Home and NCQA certification requires additional work outside of the perimeters of the visit. It has forced us to look at the MA’s expanded role and the role of or the need for other admin staff (either new or current) to support the patient visit and workload.
MA Survey

Apprenticeship
Ready-to Work and Apprenticeship at Dartmouth-Hitchcock

Boston Healthcare Careers Consortium

September 22nd, 2017

Agenda

• Our Organizational Backdrop
• Our Workforce Challenge
• Crafting an Apprenticeship Program
• Lessons....
  • The Good
    • The Bad
      • And the Ugly...
  • Discussion
Our Organizational Backdrop

- Nonprofit academic health system - clinical care, research, education
- Serve a population of **1.9 million** in New England.
- More than **1,000 primary care doctors and specialists** in almost every area of medicine
- Medical Center in Lebanon, NH, an Adult and Pediatric **400-bed Level I Trauma Center**
- **Affiliate hospitals** in Lebanon, Keene, and New London, NH, and Windsor, VT, and through the Visiting Nurse and Hospice for Vermont and New Hampshire
- **24 Dartmouth-Hitchcock ambulatory clinics** that provide services across NH & VT

Local and Regional Conditions

**Aging Population:**
- Vermont (41.2) and New Hampshire (40.4) have the 1st and 4th oldest populations in the country
- In 1990, NH had 5.4 people in the prime working age population for every person age 65 and over. By 2030, that figure will drop to 1.8

**De-Younging and Youth Migration:**
- Despite all our region has to offer….in-migration has slowed
- Vermont and New Hampshire population growth approximately 1.0%, compared to 4+% nationally

**Talent War:**
- 2017 Unemployment rate in NH & VT is trending between 2-3% - every business is competing for good employees
There Aren’t Enough Fish in the Pond

Traditional recruiting strategy alone would not solve this challenge…

So what did we do?

Moving Upstream Through Ready-to-Work Programs

- Partnered with US Department of Labor and Vermont HITEC to launch Dartmouth-Hitchcock Workforce Readiness Institute
- Intensive, customized training and education opportunity designed to launch healthcare careers
- We saw this as an opportunity to link together education, skill development, and economic development
- We committed to expand our focus to building pipelines of available, interested, teachable candidates – hire for attitude & aptitude, not experience…
D-H Workforce Readiness Institute

The D-H Workforce Readiness Institute was created as a mechanism to ‘grow our own’ talent by educating and engaging apprentices in a variety of entry-level roles.

The D-H WRI has trained:
- 92 Medical Assistants
- 30 Pharmacy Technicians
- 43 Licensed Nurse Assistants
- 9 Surgical Technologists
- 8 Clinical Service Representatives
- 13 Medical Coders
- 10 Patient Registration Representatives
- 3 Phlebotomists

Apprenticeship at D-H

[YouTube link](https://www.youtube.com/watch?v=0MnlkScKufk)
**How????**

There are some critical puzzle-pieces for putting programs like this together:

- Education
- Leadership & Clinic Buy-in
- Competencies
- Measurement
- Funding

---

**Education Considerations…**

**…What, Who and How?**

- **Private Education Partners**
- **Curriculum Development**
- **College Partners**
- **Instruction Delivery**
- **Internal Educators**
- **Accreditation / Credentialing & Licensing**

---

[Logo: Dartmouth-Hitchcock]
Leadership & Clinic Buy-In

- Immersed ourselves to understand the role, the business, the team, the environment
- Earned Trust Through Dialogue
- Collected Input, Ideas & Feedback
- Listened and Documented
- Involved People

Competencies

We want managers and apprentices to engage in meaningful monthly development conversations – giving them the right tools to do so is critical

What tools, or competencies, should the apprentices be learning and developing?

What tool(s) will make it easy to have and document development conversations?
Program Impacts & Lessons Learned

- More than $1.8M in grant funding used to-date to upskill NH and VT residents
- Programs have significant economic impact and align with population health mission
- Department of Commerce Study highlights the positive ROI of ready to work programs for D-H
- Programs shed light on areas ripe for process improvement and managerial weaknesses
- Programs build a sense of accomplishment and desire to grow within trainees
- Provides experienced staff with mentorship and growth opportunity
- Programs build a sense of organizational commitment/community that can flourish when cultivated within the ongoing work environment
- Involuntary turnover centers around behavioral challenges not technical skill
Measurement & Funding

Measuring Impact and ROI

- What do we need to know about these programs that will allow us to measure impact?
  - ROI metrics
  - Participant Feedback
- Who, both within and outside the organization, is going to be interested in what kind of information?
- What data does or doesn’t already exist to help measure?
- Where it doesn’t exist, how could we effectively and efficiently collect it?
- What benchmarks would be meaningful?

Funding Considerations

- Internal support & investment
- Are there private foundations whose mission aligns with?
- What potential grants are available from the State, Federal and private organizations?

How Can We Partner and Learn From Each Other?

- Leverage existing partnerships
- Expanding our ability to share/build talent with each other
- Research/knowledge share and mirror best practices

Department of Labor Website:

  - https://www.dol.gov/featured/apprenticeship

Employer Toolkit:

Apprenticeship in Healthcare
Working with Massachusetts Workforce (DAS/DCS)
Apprenticeship – Meeting the Needs of Employers

Apprenticeship is not the ONLY workforce solution, but it IS a solution that addresses skills gaps and places the employer at the center of the model. Apprenticeship is flexible and each program is designed and tailored to meet a specific employer need.

For employers interested in exploring Apprenticeship and developing a registered program, there is a community of resources available – businesses don’t have to do it alone.

Massachusetts EOLWD - DAS and DCS connect employers to the Apprenticeship network.

Partnering with EOLWD

- The Massachusetts Executive Office of Labor and Workforce Development (EOLWD) is a Cabinet level agency under the Governor of Massachusetts. EOLWD is responsible for enforcing the Commonwealth’s labor laws and for providing workforce solutions for employers and job seekers.

  Agencies under the EOLWD that work directly with RA program development and enrollment are:

  - The Division of Apprenticeship Standards (DAS)
    - DAS is responsible for promoting, developing, and servicing registered apprenticeship programs in the Commonwealth of Massachusetts.
    - DAS is a State Apprenticeship Agency vs. a federal DOL Office of Apprenticeship
  
  - The Department of Career Services (DCS)
    - DCS oversees Massachusetts's network of One-Stop Career Centers that assist businesses in finding qualified workers and provide job seekers with career guidance as well as referrals to jobs and training.
EOLWD – DOL Funded Apprenticeship Grants

✈️ DCS in partnership with DAS applied for three apprenticeship grants funded by US Department of Labor (DOL) in order to grow Registered Apprenticeship across the state in traditional and non-traditional industries.

✔ Massachusetts Apprenticeship Initiative
   ✫ Period of Performance: 10/1/2015 through 09/30/2020
   ✫ Funding Total: $2,999,999
      • Identify and enroll 300 new apprentices, expanding H1-B industries and occupations: advanced manufacturing and healthcare with a focus on women and minorities

✔ Massachusetts Accelerator Grant
   ✫ Period of Performance: 06/1/2016 through 05/31/2018
      • One FTE Apprenticeship Champion – to strengthen DAS’s capacity to improve and refine its outreach plan to increase employer demand for apprenticeship.

✔ Massachusetts Apprenticeship State Expansion Grant
   ✫ Period of Performance: 11/1/2016 through 04/30/2019
   ✫ Funding Total: $1,500,000
      • Expand the number of RAs in Massachusetts by a minimum of 5%, targeting Education, Culinary, Healthcare, Human Services, Manufacturing with a focus on underrepresented populations

Key Components of Apprenticeship

Employment Knowledge Gain Knowledge Application Wage and competency increase Industry Recognized Credential

DAS staff will work with employers to:

• Determine whether a proposed occupation is apprenticeable
• Develop related training schedule and work processes, including helping to identify training providers
• Complete program application & paperwork
• Provide technical assistance once the program is established
• DAS waives the application fee for new employers

DCS will work with employers to:

• Determine if grant funds are available
  • Grant funds offset the cost of the related training
  • Grant funds also can be used to pay for the $35.00 fee for each apprentice enrolment within a program.
• Assist with recruitment efforts
• Assist with ETPL applications
### Massachusetts RA Programs

As of July 1, 2017 Massachusetts had:

- 618 Registered Apprentice Sponsors
- 8,413 Apprentices

**Occupations in Massachusetts**

- 84% Construction Occupations
- 6% Public Safety (Police/Fire/Corrections
- 4% Refrigeration /AC Mechanics
- 4% Dispensing Opticians
- 1% Line Erectors
- 1% Other (Diesel and Auto Mechanics/Housekeepers/Real Estate Appraisers

Expansion of Registered Apprenticeship will allow employers in non-traditional industries the successes and return on investment that Construction and Trade have realized for more than 100 years.

### Employer Benefits of RA Programs

- **Customized training** that results in highly skilled employees trained to industry/employer specifications
- **Increased productivity and knowledge transfer** due to on-the-job learning from an assigned mentor combined with related technical instruction
- **Enhanced retention**: 87 percent of program completers in 2011 were still employed nine months after completing their apprenticeship *
- **Emphasis on safety training** that may reduce workers' compensation costs
- **A stable and predictable pipeline** for the development of qualified workers
- **Recognition** of the training program
- **A systematic approach to training** that ensures that employees are trained and certified to produce at the highest skill levels required for that occupation
- **The ability to conduct a ready assessment** of where the employer and employee are in terms of the continuous improvement process
- **A proven training model** that allows employers to set the benchmark and the structure that can determine the Return on Investment in training dollars

(* DOL Statistics – Massachusetts DCS/DAS will conduct ROI studies specific to RA programs in Massachusetts at a later date)
Flexibility of Apprenticeship Programs in MA

- RA programs can be time-based, competency based, or a hybrid
- RA programs generally range from 1 to 5 years with approximately 150 hours training annually
- Sponsors can be Employers, Employer Associations and Labor Management Organizations
- RA Programs can encompass collective bargaining agreements
- RTI can include some of the onboarding and training already in place in a business
- Training can be provided internally by the employer or by an external trainer.
  - If an external provider is selected, the training can take place in the provider’s facility or the instructors can provide training at the employer’s facility.
  - Training can be front-loaded or in conjunction with on the job learning
- Can develop Articulation agreements between certain apprenticeship training programs and 2- and 4-year colleges that create opportunities for college credit and future degrees

Massachusetts RA Programs in Healthcare

Multiple programs are in development in Massachusetts

- Pharmacy Technician
- Sterile Processing Technician I
- Pharmacy Technician Trainee Certified
- Medical Assistant
Q & A

Questions?

Contacts

• Division of Apprentice Standards (DAS)
  • Mari Cooney, Apprenticeship Liaison
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    • Mari.Cooney@MassMail.State.MA.US
    • http://www.mass.gov/lwd/labor-standards/das/

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