

**Testimony before the
Subcommittee on Employment and Workplace Safety
Committee on Health, Education, Labor and Pensions
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**In Support of The
National Institute for Medical Assistant Advancement (NIMAA)**

Good Morning, what an honor for me to be here. My name is Norma Quinones and I am the nursing services manager at Clinica Family Health, a community health center in Lafayette, Colorado that serves low-income individuals.

I applied to Clinica Family Health as a Medical Assistant in 1992, when our organization had just one clinic with six exam rooms and about 25 employees. I have been able to grow with Clinica over the past 30 years and will never forget being given the opportunity to start my career as an MA. With Clinica's support, I became an LPN and worked as a nurse manager for several years. I am now the Nursing Services Manager for Clinica. I love what I do. I get to dedicate my time to staff and students as they deliver medical, dental and mental health care to thousands of patients. Part of my job is helping coordinate the NIMAA program at Clinica, which means I get to support future MAs on their own educational journeys.

The National Institute for Medical Assistant Advancement (NIMAA) is a unique, nationally accredited, nonprofit post-secondary program formed in 2016 by two leading FQHCs - Salud Family Health Center from Fort Lupton Colorado and Community Health Center, Inc. in Middletown Connecticut. NIMAA is a model for addressing primary care health workforce shortages, creating an accessible entry point for long-term health careers, and diversifying the U.S. workforce.

Before working with NIMAA, we had trouble finding qualified medical assistants prepared to work in our demanding environment. Some who graduated from expensive programs incurred a lot of debt, making it hard for them to resist higher paying jobs in the for-profit sector. It was hard to find good MAs and also hard to keep them.

NIMAA's program has helped us build a workforce pipeline within our own community, and reflective of our community. It provides an affordable option that allows students to work part-time while completing the program. It prepares graduates well for demanding primary care settings that desperately need MAs. It is a true "grow your own" model that provides opportunities for non-traditional students, single parents, recent immigrants, first generation high school graduates, or those re-entering the workforce at an older age. Nationally, ninety percent of medical assistants are female, and the majority are Black, Indigenous, or People of Color. NIMAA's program allows us to help participants begin a health career that would otherwise be out of reach for them, and earn a livable wage.

Over the past three years, Clinica has hosted 18 NIMAA externs. We hired 15 of those 18 upon graduation, and most are still with our organization. This is a very valuable workforce pipeline for Clinica, and it is extremely rewarding to watch these students growing into their careers, as I did.

MAs can enjoy a rewarding career, whether they stay in the MA role or move into management, nursing, administration or other roles. For example, one of our early NIMAA graduates at Clinica is applying to be a Medical Assistant Team Manager.

NIMAA is an excellent program with a student retention rate of 89%, a graduation rate of 84%, a national credentialing exam pass rate of 89%, and a verified job placement rate of 81%ⁱ.

NIMAA's program has already graduated more than 250 students and is growing rapidly. NIMAA has 48 active clinical partners across 14 states, including community health centers, hospital systems and other safety net providers.

This successful program could be scaled to reach thousands more students each year and help to address critical workforce shortages in diverse urban and rural communities across the country.

Thank you for the opportunity to share Clinica's and our students' perspective on NIMAA, what it has meant for Clinica, and how it can serve as a model for health career pipeline and pathway efforts.

Further Description of NIMAA and Medical Assistant Workforce Needs and Opportunities

Medical assisting provides an accessible entry-point to a health career and is a critical support role in advanced primary care practices.

The National Institute for Medical Assistant Advancement (NIMAA) offers a unique workforce solution that leverages partnerships with local healthcare providers to provide both a high-quality educational program and extensive in-clinic experience. This approach results in a workforce pipeline from within and representative of the partner clinic's community.

NIMAA and programs like it have the potential to increase rapidly the medical assistant (MA) workforce across the United States, and to create a pool of candidates for advancement to other high-demand health care jobs.

This written statement provides further detail on the demand for and role of medical assistants, aspects of NIMAA's model that can inform workforce pipeline efforts, and opportunities and challenges for maximizing the reach of programs like NIMAA in the current workforce and educational environment.

Federal support can serve to ensure the availability of effective programs in rural and medically underserved communities.

The National Institute for Medical Assistant Advancement (NIMAA)

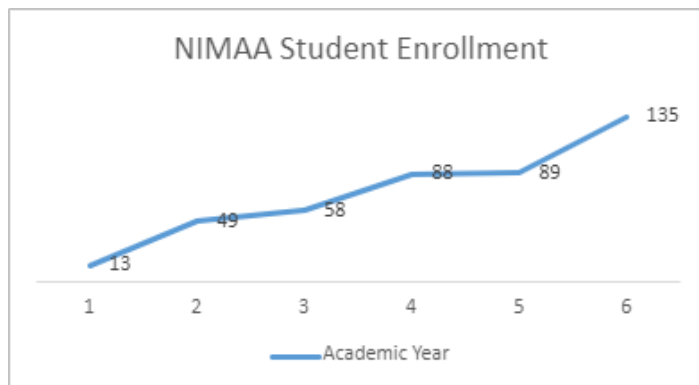
NIMAA grew out of a need identified by Community Health Center, Inc., of Connecticut, one of the nation's largest Federally Qualified Health Centers, which was spending months providing extensive retraining for newly hired medical assistants lacking competency in core skills and education in comprehensive, team-based care. In consultation with two noted leaders in the field, Thomas Bodenheimer, MD, MPH, and Edward Wagner, MD, MPH, CHC's President and CEO Mark Masselli formed a team and invested initial resources in developing a new way of providing MA training and education. After a period of incubation, NIMAA was formed in partnership with Salad Family Health Centers of Colorado. The Colorado Health Foundation recognized NIMAA's importance as a critical element in the redesign of primary health care and workforce development, and thanks to the Foundation's vision and support, NIMAA was established in Colorado. NIMAA remains an affiliate of Community Health Center, Inc., which provides operational support for this program and has facilitated its national growth.

CHC was the first FQHC in the nation to form its own research and education center, the Weitzman Institute. Founded in 2007, Weitzman is grounded in community health, and committed to improving healthcare for the vulnerable and underserved through research, education, and policy. The Institute is an incubator for programs such as NIMAA, and its experts and faculty conduct training and education

through the on-line Project ECHO® platform, hosting programs for thousands of providers in the U.S. and abroad annually.

NIMAA enrolled its first class of 13 students in 2016, with its two founding partners as clinical externship sites. Since then NIMAA has grown substantially, and in the 2021-2022 calendar year will enroll over 135 students, with clinical externships offered in 40 organizations across 14 states.

NIMAA's growth to date, illustrated in the chart below, has been organic, as word of the program continues to spread and additional clinical practices learn about NIMAA and decide to participate.



A focused investment in NIMAA and similar programs will greatly accelerate the rate at which the current health care workforce shortage is addressed while providing access to meaningful jobs and career advancement in communities economically impacted by the COVID 19-pandemic in particular.

NIMAA Student Outcomes

NIMAA collects and reports performance (outcome) data that meets the standards of its accrediting body, the Accrediting Bureau of Health Education Schools (ABHES). NIMAA's graduation, retention and placement rates all exceed ABHES standards and are considerably higher than those of many vocational education programs.

For the 2020-21 school year, NIMAA reported an 89% retention, 84% graduation, 89% credentialing exam pass rate and 81% verified job-placement of graduates.

Several unique characteristics of NIMAA's model contribute to these strong outcomes:

- NIMAA's extensive externship requirement (10 hours per week, beginning in the first week of the program) is consistent with the needs of adult learners, and ensures that students are confident in their hands-on skills and have a full understanding of the practice environment upon graduation.

- NIMAA's curriculum is tailored to the needs of primary health care providers and is regularly updated to reflect emerging needs and practices.

As discussed above, NIMAA's program structure is accessible to and affordable for residents of medically underserved communities, resulting in strong retention and graduation rates.

Scalability of the NIMAA Model

NIMAA's distance (on-line) education model allows NIMAA to grow rapidly. School operations are supported from NIMAA's Colorado-based office and do not require the establishment of a local physical campus to deliver the program. NIMAA instructors work from four US time zones, allowing them to be accessible to students when students need help.

NIMAA is able to offer its program in any community where an appropriate primary care practice is interested in serving as an externship site, and where NIMAA has completed the required regulatory process to offer its educational program to state residents.ⁱⁱ

Reach in Rural Communities

Distance learning models, like NIMAA's, are available to rural and other underserved communities without the investment of capital infrastructure; they also eliminate the need for students to travel long distances to attend classes in person.

Key resources need to be in place for models like NIMAA to be successful in rural communities:

- Broadband internet access is critical for students to use advanced on-line learning tools, such as simulation software and interactive learning modules.
- Rural clinical partners must have the human resources to bring the program into their communities and to support the extensive externship hours that are a key component of the learner experience.

Smaller practices, which includes many rural providers, are usually able to host only two or three student externs. However, the training provider expends the same resources on relationship management, program infrastructure, and support as it would for partners who host two or three times as many students. Thus, the per-student training cost is higher in rural areas.

UpSkilling the MA Workforce

The critical role of Medical Assistants in the delivery of primary care is borne out by the projected growth of Medical Assistants over the next 10 years. The Bureau of Labor Statistics, Occupational Handbook projects a growth in MA jobs of 18% from 2020-2030, higher growth than for health care jobs

overall. The BLS projects 104,400 medical assisting openings annually, and a net growth of 132,600 jobs over 10 years. ⁱⁱⁱ

While NIMAA's curriculum includes knowledge and skill-building specific to the medical assistant's role in a team-based primary care setting, the majority of Medical Assistants entering the workforce will be trained in traditional programs. These graduates will need upskilling in skills and competencies related to team-based care to be effective team members in the emerging primary care environment. Medical assistants already in the field will need continuing education to maintain their national credentials and ensure their skills are evolving along with the practice environment.

NIMAA clinical partners requested that NIMAA develop UpSkilling courses in team-based care topics to support traditionally trained MAs to be successful in an advanced primary care setting where the medical assistant has an expanded role within the team.

NIMAA has developed a set of UpSkill NIMAA courses, offered through the Weitzman Institute, and continues to add courses in response to industry demand. For example, the immunization course has been updated to include topics related to COVID19. UpSkill NIMAA courses have been used by both individual practices and accountable care organizations wishing to support implementation of an advanced primary care model in their practices.

The UpSkill NIMAA courses are delivered on-line, and can count toward the continuing education hours needed to maintain a medical assisting certificate. UpSkill NIMAA courses can also support the advancement of medical assistants along an MA career ladder that meets the health care practice's needs. For example, an MA may be required to complete the Inter Professional Team-Based Care, Quality Improvement and Making the Data Count, and Professionalism and Communication courses, and demonstrate related competencies, to move from MA1 to MA2.

Funding Opportunities

Authorization of national programmatic appropriations funding by the U.S. Congress in support of NIMAA would allow the nonprofit to scale its operations to meet primary care workforce needs nationwide, provide robust support to students, and reduce barriers to participation of small and rural primary care practices.

About Medical Assistants and Medical Assistant Workforce

The Role of Medical Assistants in Primary Care

Well-trained medical assistants are essential to the delivery of effective and efficient care in advanced primary care settings, and to provider retention and satisfaction.

Primary care practices are increasingly adopting a delivery model that requires integrated team-based care in which all members – behavioral, oral and physical health providers; care coordinators; health educators; front office staff; and medical assistants – work together to meet individual patients’ needs and manage population-based health prevention and screening efforts.

Medical assistants serve as the “choreographer” in this model, ensuring that team members are prepared, facilitating the flow of the visit, coordinating follow-up care and ensuring screening, referral and other relevant data are documented and shared appropriately. The medical assistant’s preparedness has a tremendous impact on the team’s functioning and on the quality of care provided.

The Center for Excellence in Primary Care at the University of California, San Francisco argues that medical assistants can be utilized in expanded roles such as health coaching, team documentation and panel management under the direction of a provider. This improves patient access while reducing the demands on primary care clinicians, positively affecting the work life of clinicians.ⁱⁱ

Dr. Tillman Farley, Chief Medical Officer of Salud Family Health Center and member of NIMAA’s Board of Directors says of Medical Assistants in his practice:

“I am in awe every day of the amazing individuals that do our MA work. We put an incredible amount of work and responsibility on them, and they carry that burden every day with smiles on their faces . . . They are truly the lynchpins of our organizations. We all need a superpower, and our superpower is our MAs.”

Medical Assistant Workforce Diversity and Equity

The medical assistant workforce in the US is diverse: 90% are women, 19% Latino and 42% Black. The median age of medical assistants is 37.ⁱ

NIMAA students are recruited from health center service areas, and they reflect the diversity of their communities in race and age. NIMAA’s student body over the past two years was 64% Hispanic/Latino (of any race); 7% American Indian/Native American; 9.6% Asian; 6% Black or African American; and 4% Native Hawaiian/Pacific Islander. Fifty-four percent of NIMAA students were 25 years old or older, and approximately one third were single parents.

- **NIMAA’s program is deliberately structured to be accessible to low-income students and non-traditional learners.**
 - NIMAA’s **tuition of \$6,000** is much less expensive than the \$15,000 to \$40,000 often charged by for-profit schools, making it more accessible to low-income students.
 - NIMAA’s **8-month program** is shorter than most, which reduces students’ opportunity costs to participate, and permits the program’s graduates to move more quickly to paid employment.

- The NIMAA **distance-learning educational model** allows students to complete their coursework at times that are convenient for them, and lets them balance their education with their part-time employment and/or other responsibilities.
 - NIMAA’s **student services** and instructional staff build one-on-one relationships with students and support them in addressing personal and academic challenges.
- NIMAA applicants are interested in advancing their health careers over time, and NIMAA’s training in team-based care provides students with a strong foundation they can build upon with additional education and training.

Career Pathways for Medical Assistants

Medical assistant training is unique in that it encompasses a broad range of skills, including front-office administrative functions, billing and coding, patient communication, and medical (back office) skills. NIMAA’s program includes curriculum and skills related to the team-based care model and empowers students to acquire knowledge and experience foundational to a number of career pathways.

NIMAA’s clinical partners report that staff who began their careers as medical assistants now work in many different roles, including as clinic managers, immunization program coordinators, care coordinators, operations managers and directors, billing managers, nurses, chief nursing officers and physician assistants, to name a few.

Ms. Quinone’s testimony delivered before the Senate HELP Subcommittee on February 10, 2022, illustrates this opportunity for advancement. A NIMAA graduate in the first group of students hosted by Clinica shared this with Ms. Quinones about her experience in NIMAA and as a medical assistant:

I am writing to express my sincere gratitude to you for making the NIMAA program here at Clinica possible. Three years ago I was thrilled to learn I had been chosen as one of the first candidates to participate in the NIMAA program. Clinica and NIMAA gave me the opportunity to become a medical assistant and I can honestly say I love what I do. My job gives me a sense of accomplishment when I’m able to help patients and my fellow co-workers. I’ve had the privilege of training two NIMAA students by sharing my vision, experiences and also mistakes. NIMAA has given me the knowledge, skills and courage to apply for a leadership position. I will always be grateful for this opportunity.

Medical assistant training and experience provide a foundation for many career pathways. However, those pathways and the related education needed to pursue them are not well documented.^v Thus, it is often up to the individual to identify and navigate these pathways, and for individual employers to provide the combination of experience and additional training or education that supports career advancement. Better documentation of “organic” career pathways that build upon medical assisting skills can create a pipeline for in-demand administrative, managerial and clinical roles in primary care

settings. NIMAA is passionate about contributing to the delineation and further development of these pathways in collaboration with the health care industry and higher education partners.

Most national health professions training initiatives, such as the National Health Service Corps, and the Teaching Health Center Graduate Medical Education (THCGME) Program, are focused on encouraging entry into health careers at the bachelor's or advanced degree levels, and bringing health professions into medically underserved areas. NIMAA, and other programs like it, create an additional workforce development strategy that facilitates entry into a health career for residents of medically underserved areas who need to maintain an income stream while starting a career, and for whom a four-year course of study is not immediately feasible.

Demand for Medical Assistants and other Allied Health Workers Nationally and in Colorado

The Bureau of Labor Statistics Employment Projections Program estimates medical assistant job growth from 2020-2030 will be 18%, much faster than the average for all occupations (8%) and, faster than other healthcare support occupations (16%).

The Bureau of Labor Statistics Reports describes the demand for Medical Assistants as follows:

About 104,400 openings for medical assistants are projected each year, on average, over the decade. Many of those openings are expected to result from the need to replace workers who transfer to different occupations or exit the labor force, such as to retire.

The growth of the aging baby-boom population will continue to increase demand for preventive medical services, which are often provided by physicians. As a result, physicians will hire more assistants to perform routine administrative and clinical duties, allowing the physicians to see more patients.

An increasing number of group practices, clinics, and other healthcare facilities will also need support workers, particularly medical assistants, to complete both administrative and clinical duties. Medical assistants work mostly in primary care, a steadily growing sector of the healthcare industry.ⁱⁱⁱ

In Colorado there are an estimated 1,890 MA openings annually, with MA positions expected to grow by 36% with 4,110 jobs added by 2028.^{iv} The Colorado 2021 Talent Pipeline Report identifies medical assisting as one of Colorado's top jobs statewide, and in five of the state's eight regions, with 10-year growth rates in those regions of between 23 and 43%.^v

While medical assistant wages and cost of living vary regionally, **medical assisting jobs in the US generally pay a livable wage**. The living wage for a family of four in the US in 2019 was \$16.54/hour, while the median wage for medical assistants in the US in 2020 was \$17.23 per hour. Many health care

providers require medical assistants be certified through one of the national credentialing bodies, and provide a higher wage to medical assistants who have passed a national certification exam.

Reducing Barriers to Innovative Training Approaches

Regulatory Considerations

The primary barrier that limits NIMAA's ability to expand nationwide is the lack of regulatory reciprocity across states for full-distance vocational programs, like that which exists among four-year colleges with SARA (State Authority Reciprocity Agreements). NIMAA is regulated by the Colorado Department of Higher Education, Division of Private and Occupational Schools, and complies with all relevant Colorado regulations. However, some states still require that NIMAA go through the same application process as a school physically located in their state would, which can take months or even years. Other states do not regulate full-distance schools, or have a separate set of requirements for such schools. As a result, NIMAA must comply with multiple sets of regulations and requirements. The fees charged by state regulatory bodies (in addition to the fees NIMAA pays in Colorado, which cover all enrolled students regardless of residence), and the administrative burden of tracking and reporting on these regulations, is extremely costly. In several cases, it is not feasible for NIMAA to offer its program in a state even where it has willing clinical partners because the cost of the regulatory processes and barriers is too high.

NIMAA fully understands and supports the importance of protecting students from predatory practices. However, many of the regulatory hurdles placed in front of NIMAA seem redundant for a non-profit school that has national accreditation and is in full regulatory compliance in its home state.

Apprenticeship and Health Workforce Needs

Apprenticeship, and other models that allow students to earn a salary while participating in training, can facilitate engagement of low-income and non-traditional students in training programs.

Several of NIMAA's clinical partners have medical assistant apprenticeships in which NIMAA's on-line didactics fulfill the related instructional requirement, and where completion of the NIMAA program is one of the requirements of the apprenticeship, which then continues beyond graduation from NIMAA.

NIMAA has encouraged its clinical partners to explore the apprenticeship model, and has facilitated conversations with local workforce offices to that end. Several aspects of apprenticeship limit participation by NIMAA partners, including:

- The 2,000-hour requirement of federally registered apprenticeships is considerably longer than the 960 hours of NIMAA's program.
- The industry-recognized credential for medical assisting is a national credentialing exam, while an apprenticeship completion certificate is not.

- The uncertainty regarding which or how many students will qualify for apprenticeship support.
- The administrative tasks required to establish and maintain registered apprenticeship programs.
- The lack of financial support for participation of non-profit health care employers in apprenticeship.

In addition, states sometimes limit the availability of apprenticeship programs or funds for training provided by specific types of training providers, such as Community Colleges. This restricts the participation of non-profit training providers like NIMAA.

Workforce Resources and Health Workforce Needs

Many workforce efforts are delivered through the workforce infrastructure, including local workforce boards. A strength of the workforce system is that local workforce boards prioritize programs according to local needs. Such a system, however, is challenging for a national distance-education solution like NIMAA, as it requires making connections and maintaining relationships with dozens of local workforce offices.

NIMAA is very interested in engaging workforce program clients in its program, and has had success doing so. NIMAA has also facilitated introductions between its clinical partners and local workforce boards, as many are unaware of the role of workforce boards and are not familiar with the boards in their region.

The Department of Labor in each state maintains lists of eligible training providers from which workforce participants may receive training and obtain support while doing so. NIMAA is on the Eligible Training Provider List (ETPL) in most states where it enrolls students.

However, in some states there are challenges to ETPL participation. Some states require that a training provider be regulated by the state department of higher education to be on the ETPL, but does not regulate distance-only programs. Others require that a training participant themselves request that a school be added. Some local workforce boards will not support training by distance-education providers, regardless of whether that training entity is on the list.

Recommendations for Expanding Access to Health Careers through Medical Assisting

- Career pathways for medical assistants should be better documented within career pipeline and pathway efforts to:
 - o Identify paraprofessional or non-clinical roles (such as certified nursing assistant, front desk staff, patient care technician) for which medical assisting is a natural next step.
 - o Assist medical assistants with their long-term goal of becoming a nurse or provider, and ensure they are aware of the educational and career steps and that will allow them do so.

- o Provide information to medical assistant students regarding the many career pathways that stem from medical assisting outside of provider roles.
- o Assist health care employers in developing employee retention and advancement initiatives and partnerships.
- o Facilitate the development of stackable credentials and articulation agreements in educational systems that reflect and support the career pathways that exist organically in the health care industry.
- Workforce funding should be available to facilitate the participation of non-profit community-based health care providers, including small and rural clinics as host sites for students, and support pipeline development and internal career advancement efforts.
- State and local efforts to expand healthcare apprenticeships should include funding to support participation by non-profit health care providers and should support training provided by non-profit vocational schools in addition to community college programs.
- Ensure that distance-education (on-line) training providers are eligible to be included on Eligible Training Provider Lists in all states, and streamline the process for inclusion on state lists.

ⁱ 2020-2021 Rates as reported to the Accrediting Bureau of Health Education Schools.

ⁱⁱ Bodenheimer T, Willard-Grace R, Ghorob A. Expanding the Roles of Medical Assistants: Who Does What in Primary Care? *JAMA Intern Med.* 2014;174(7):1025–1026. doi:10.1001/jamainternmed.2014.1319

ⁱⁱⁱ Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook*, Medical Assistants, at <https://www.bls.gov/ooh/healthcare/medical-assistants.htm> (Visited February 3, 2022).

^{iv} Projections Central <https://www.projectionscentral.com/Projections/LongTerm>

^v 2021 Colorado Talent Pipeline Report. Colorado Workforce Development Council and TalentFound. Accessed at <https://cwdc.colorado.gov/blog-post/2020-talent-pipeline-report-released>, 2.3.2022.

Training Medical Assistants for Team-Based Primary Care



The National Institute for Medical Assistant Advancement (NIMAA)

is a nonprofit education institute training Medical Assistants (MAs) to work in today's high-performing primary care settings.

*NIMAA was created by two Federally Qualified Health Centers, **Salud Family Health Centers** in Colorado and **Community Health Center, Inc.** in Connecticut. The NIMAA advisory board includes distance education, vocational education, medical assisting, workforce, and primary care experts.*



NIMAA's Goal:

To provide innovative training that combines on-line learning and in-clinic experiences to train Medical Assistants for high-performing team-based care practices.

NIMAA was created by community health centers to provide access to education and employment opportunities in the communities they serve, while addressing a critical workforce shortage.

- NIMAA's innovative training model combines on-line learning at an affordable cost with in-clinic experience that starts the first week of the program.
- Students complete our 29-week post-secondary program prepared for meaningful entry-level employment at a livable wage.
- At the end of the NIMAA school year, the externship site has a pool of candidates who are credentialed and job-ready to work as effective members of the care team.
- Affordable: NIMAA's tuition and fees are \$6,785, much less than those charged by private schools.
- The NIMAA program begins in Fall and Spring, and has a current graduation rate of 84%. Our credentialing exam pass rate is 89%.

Apply to be a NIMAA student at www.nimaa.edu.

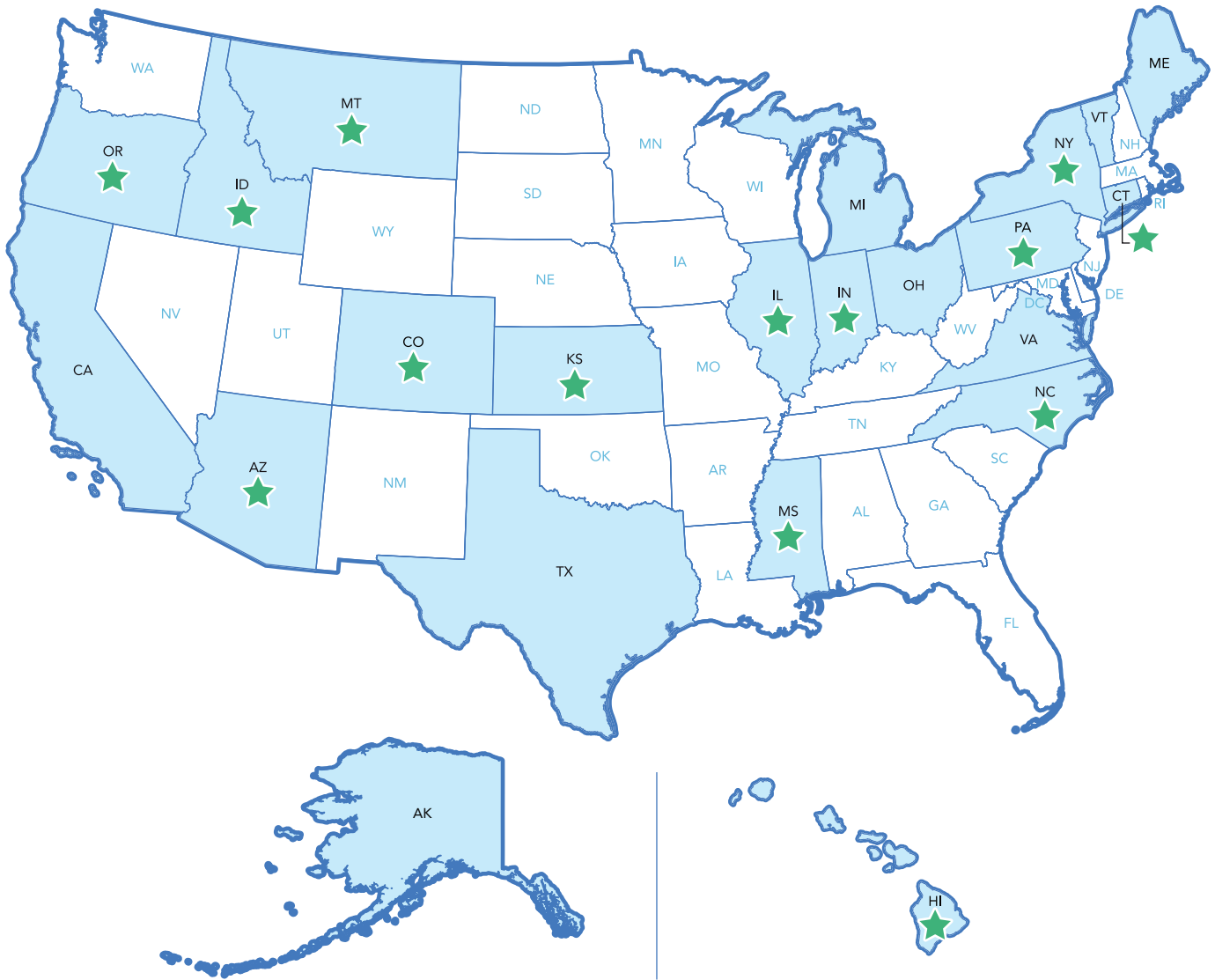
Learn more about hosting NIMAA students at info@nimaa.edu

NIMAA is accredited by the Accrediting Bureau of Health Education Schools



Want more info? Email info@nimaa.edu or visit our website at www.nimaa.edu

NIMAA Program Sites Nationwide



■ States in which NIMAA is Currently Able to Operate
 ★ States with Active NIMAA Externships

NIMAA enters states based on interest, so this map is continuously updated.
 Please contact us if you are an interested health center in a state where NIMAA is not currently operating.

Want more info? Email info@nimaa.edu or visit our website at www.nimaa.edu