

# Medical Assistant Recruitment and Retention

Find and Keep the Right Medical Assistants for Your Team



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## How Will This Toolkit Help Me?

### Learning Objectives:

- 1 Identify various pathways to medical assistant (MA) certification
- 2 Demonstrate how to utilize medical assistants in team-based care models
- 3 Discover best practices to hire and retain the best medical assistants to fit your team



## Introduction

Physicians alone cannot do all the work needed for most office visits. Many tasks physicians perform do not require their level of expertise and could be completed by other members of the team. A key, yet often under-utilized, member of the care team is the medical assistant (MA).

### Q&A

#### What is the definition of “medical assistant”?

A medical assistant is a person who, under the direction and supervision of a qualified physician, performs a variety of routine administrative and clinical tasks in a physician’s office, a hospital, or some other clinical facility.<sup>1</sup> In general, medical assistants do not need to be licensed or certified but may choose to seek certification. Requirements and scope of work vary from state to state.<sup>2</sup>

The high demand for medical assistants often leads to a short supply. Therefore, recruitment and retention are crucial for your success as a practice. Working with a consistent team builds the trust, skills, and efficiencies that both patients and physicians desire. Additionally, finding medical assistants who represent the community you serve is an important way to provide equitable care and hiring from within the community supports this effort. There are a variety of pathways to MA certification. This toolkit will offer guidance on how to optimize the role of medical assistants in your practice.

## Five STEPS to Recruit and Retain Medical Assistants in Your Practice

1. Understand the Various Pathways to Becoming a Medical Assistant
2. Determine the Best Medical Assistant Role in Your Practice
3. Make the Business Case for Medical Assistant Recruitment
4. Onboard Your Team
5. Retain Top Talent

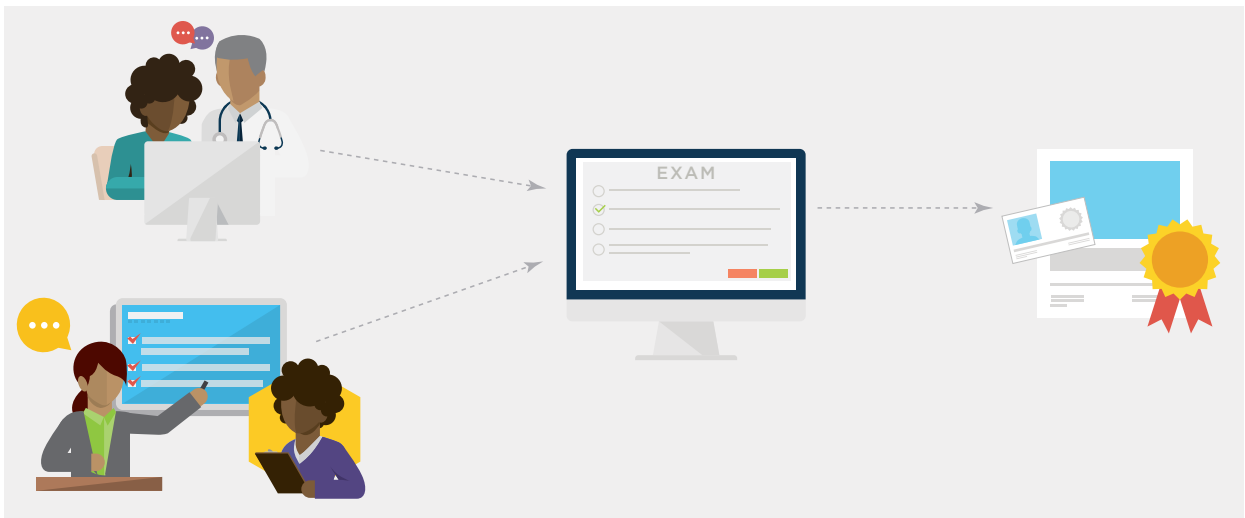
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# Understand the Various Pathways to Becoming a Medical Assistant

Understanding the professional credentials and pathways to certification for medical assistants can make a significant difference in the pool of potential hires as well as why the skills of MAs certified through different pathways may vary.

## Eligibility to Sit for Certifying Exams

Many employers require a medical assistant to be certified, which requires passing an examination. **The eligibility requirements to sit for the 2 most common exams, Registered Medical Assistant (RMA) and Certified Medical Assistant (CMA), are different.** They vary from an apprenticeship model with no formal classroom training required (with a physician attesting that the person has been performing a medical assistant’s duties for 5 years) to graduation from an accredited institution. Formal medical assistant programs may take anywhere from 9 months to 2 years to complete. To meet the high demand, some organizations offer in-house training and other innovative programs.



## Understanding Certification vs Licensure

Certification and licensure are different.

Figure 1. Certification vs Licensure

<p><b>Certification</b> is granted by a private (ie, non-legislative) entity and usually documents obtaining a certain level of education and expertise. Certification is voluntary, but many clinics, hospitals, and integrated health systems require medical assistant certification as a condition of participation. Medical assistants are not licensed but many are instead certified and work under the license of a physician. The requirements for certification vary at the state and organization level.</p>		<p><b>Licensure</b> is granted by a governmental entity (usually authorized by a state legislature) to protect the public. Requirements can include minimum education standards, licensure examination, interviews, background checks, and annual fees. A license is normally required to bill and receive payment for services.</p>	
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Specific tasks that a physician can delegate to a medical assistant also vary by state. In contrast to medical assistants, Licensed Practical Nurses, Associate Degree Nurses, and Registered Nurses are licensed.

## Becoming Certified as a Medical Assistant

Medical assistants achieve certification by passing an examination. The eligibility requirements to sit for different exams can include:

- Apprenticeship Model: A person working in the medical assistant role for 5 years without attending a program/schooling (the physician attests to that individual’s work experience)
- Graduating from a medical assistant training program ranging from 9 months to 2 years
- Military service
- Experience as an instructor

Many organizations do not differentiate medical assistants by the origins of their certificates. It is beneficial to understand the variations of certification as there are different levels of rigor, content, training, and skill assessment amongst the programs.

The 3 most widely recognized certifications for medical assistants are:

1. Certified Medical Assistant (CMA)—certified by the [American Association of Medical Assistants \(AAMA\)](#)
2. Registered Medical Assistant (RMA)—certified by the [American Medical Technologists \(AMT\)](#)
3. Certified Clinical Medical Assistant (CCMA)—certified by the [National Healthcare Association](#)

Of the 3 certifications, the CMA certification is considered the most rigorous assessment and requires successful completion of an AAMA-certified program, which usually takes 2 years to finish.



### University of Wisconsin Medical Assistant Apprenticeship Program Overview

This document gives an overview of an on-the-job training approach that helps individuals add patient care responsibilities to their roles.



### Are the examinations the same for the different types of certification (CMA vs RMA vs CCMA)?

There are similarities in assessment for medical assistant certification, but also varying levels of examination rigor and required content expertise.

The CMA certification exam is broken down into 3 specific categories—administrative, clinical, and general—with each section covering 200 questions. The participant must achieve a score of 75% or higher on each section to pass.

The RMA certification covers the same content as the CMA in one comprehensive exam of 200 questions overall, which the participant must pass with a 75% or higher.

The CCMA covers basic clinical skills and consists of 180 questions, of which 150 are scored and 30 are unscored pretest questions. The participant must complete the exam in 3 hours and achieve a minimum passing score of 390 on a 200–500 scale.

### Can a person who has never attended any medical assistant courses qualify to take a certification exam?

Yes, this is often referred to as an Apprenticeship Model. A physician can attest that the person has been performing the role of a medical assistant successfully (the physician has delegated medical assistant tasks to them) for 5 years. This MA apprenticeship model qualifies the person to sit for the RMA or CCMA exam, but not the CMA exam. There are preparation materials available at a reasonable cost. Some suggested resources would be [AMT](#) and [AAMA](#).

How are medical assistant certifications regulated or accredited?

Some medical assistant programs are accredited. Accredited medical assistant programs are the most regulated programs. Accrediting bodies provide competency standards that programs must adhere to, oversee program outcomes, and hold programs accountable. Program outcomes include credentialing exam pass rates, credentialing exam participation rates, retention, attrition, graduate satisfaction, employer satisfaction, and job placement.

Primary Accrediting Bodies and Their Standards:

- Commission on Accreditation of Allied Health Education Programs (CAAHEP) Medical Assisting Education Review Board (MAERB)—[Standards and Guidelines for the Accreditation of Educational Programs in Medical Assisting](#) (pages 11–26)
- Accrediting Bureau of Health Education Schools (ABHES)—[Evaluation Standards for Medical Assisting](#) (pages 85–89)

What are some innovative approaches to certification?

Many organizations have developed innovative in-house hospital MA training and certification programs due to the high demand for medical assistants. These are usually 9-month programs that include clinical experience within the organization. The intent is for those trained to become employed by the hospital. In this scenario, many medical assistants trained in-house are eligible to also sit for the RMA exam.

Some institutions developing their own in-house programs work in conjunction with local colleges and accrediting bodies. These programs provide hands-on training and are often quicker to complete than the typical 2-year program, taking an average of 9 to 15 months. This condensed timeframe often makes certification more accessible to applicants.

One example of a specialty program is the [Team-Based Care Training Camp Onsite Intensive](#) created by Bellin Health in conjunction with the American Medical Association (AMA). Other training and program materials can be downloaded as part of this toolkit.



## Determine the Best Medical Assistant Role for Your Practice

The role the medical assistant plays in a practice setting varies widely. On one end of the spectrum is the **Room and Run** model, where medical assistants simply escort patients to exam rooms and check vitals. On the other end is the **Expanded Rooming and Discharge with Team-Based Care** model, which includes agenda-setting, pre-visit planning, in-room documentation, in-basket management, medication review, and more (Table 1).

Table 1. MA Professional Advancement Plans

Role	Room and Run	Expanded	Advanced TBC
Level	Base	Intermediate	Advanced
Return on Investment (ROI)	★	★★★	★★★★

Every physician’s comfort level with expanded medical assistant roles varies, and stable teams with ongoing on-site skills development increase that comfort level, allowing greater delegation of tasks. Clinicians who work consistently with the same medical assistant have greater trust that the assistant will perform tasks adequately compared with clinicians who work with rotating assistants.<sup>3</sup>

As the structure and delivery of health care evolve, it is increasingly important to understand and leverage the full spectrum of skills of each member on the care team. Optimizing skillsets and defining roles enable practices to achieve greater efficiency through team-based models and improved continuity of patient care. The role that a medical assistant assumes in your practice will depend on various factors:

- [State scope-of-licensing laws](#)
- Organizational culture
- Union-related contracts and regulations
- Practice culture
- Type of practice (subspecialty)
- Patient population

To recruit and structure your team, begin by identifying the unique clinical needs of your practice. Evaluate existing team members and corresponding skillsets, gaps in resources, [panel sizes](#), [patient population characteristics](#), and so forth.

As medical assistants join the practice, teams can begin to optimize roles, tasks, and clinical workflows. Many practices choose to develop a “teamlet” model in which a clinician and a medical assistant work closely as a team of 2 to provide comprehensive care, including [pre-visit planning](#), a [team visit](#), post-visit [health coaching](#), and follow-up coaching, to ensure that the patient understands his or her [medications](#) and follows the treatment plan.<sup>4</sup> In this model, a physician and a medical assistant expand the traditional 15-minute clinician-only visit by sharing and delegating clinical tasks.<sup>5</sup> As the medical assistant is able to take on a more central role in the team’s workflow, the physician is free to focus on more direct patient care. This model allows the team to take a more comprehensive approach to the patient visit and has the potential to improve primary care quality and efficiency.



It is common for medical assistant duties to vary from office to office, depending on location, size, and specialty. The majority of medical assistants are cross-trained to perform administrative and clinical duties. Common tasks include administrative and clinical and are listed here:

#### Examples of Administrative Duties

- Using computer applications
- Answering telephones
- Welcoming patients
- Updating and filing patient medical records
- Coding and filling out insurance forms
- Scheduling appointments
- Arranging for hospital admissions and laboratory services
- Handling correspondence, billing, and bookkeeping

#### Examples of Clinical Duties

- Taking medical histories
- Explaining treatment procedures to patients
- Rooming patients
- Preparing patients for examination
- Assisting the physician during exams
- Collecting and preparing laboratory specimens
- Performing CLIA-waived laboratory tests
- Assisting with medication adherence
- Instructing patients on special diet guidelines
- Preparing and administering medications as directed by a physician
- Transmitting prescription refills as directed by a physician
- Phlebotomy
- Performing electrocardiograms
- Removing sutures and changing dressings

*Note: [Responsibilities](#) may vary by state law and institution.*

Many practices have achieved efficiencies by assigning more than one medical assistant to each physician. The number of support persons per clinician has emerged as an important factor in practice efficiency.<sup>6,7</sup> For example, some efficient practices at the Cleveland Clinic employ a 2:1 medical assistant–physician staffing model.

The following downloadable tools are examples from Bellin Health demonstrating the transition of tasks from physician to medical assistant.

**DOWNLOAD** **Stop–Start–Continue List: Care Team Coordinator/Medical Assistant Version**  
 This table is intended to show physicians how to transition tasks to another team member, such as a medical assistant.

**DOWNLOAD** **Stop–Start–Continue List: Physician Version**  
 This document can help you shrink or reevaluate the role that team members play in the workflow.

### Excerpt of a Stop–Start–Continue List for Physicians

Here is an excerpt of the physician version of the Stop–Start–Continue List. Complete versions for physicians or medical assistants can be downloaded as part of the toolkit resources.

**Assumptions:**

- The Stop–Start–Continue lists are a way to “shrink” the change for your specific role that is impacted by the change implementation
- The Stop–Start–Continue lists are based on the changes from the past workflows to the new workflows
- This is a high-level review and not an exhaustive list of every single change

**Table 2. Example Stop–Start–Continue List for Physicians**

Topic	Stop	Start	Continue	Comments
Daily Huddles		○		Review day’s patients with core team
Care team meetings		○		Review complex, high risk patients with core and extended care teams
<b>Patient Visit</b>				
Take computer into room	○			No need – Interferes with direct engagement with patients. If in 1:1 ratio for the day, utilize in room computer as appropriate
Have CTC pull data if needed		○		Allows efficient access to necessary data, and allows you to maintain focus on the patient
Enter documentation during visit	○		○ if 1:1	Done by CTC unless in 1:1 ratio Then, note will be set up by CTC
Enter orders during visit	○		○ if 1:1	Done by CTC unless in 1:1 ratio. If so, the CTC could enter orders after provider is finished if needed
Enter orders for future visits	○			Done by CTC, be sure to communicate which labs are needed for next visit.
Carefully review and edit documentation			○	Giving constructive feedback to CTCs regarding documentation is the best way to enhance their skills in their new role in team documentation
Complete documentation daily		○		90% charts closed by end of day. Make every effort to close each chart before the next patient
Enter refill orders	○			Done by CTC, be sure to always review carefully before signing

Q&A

**How can I discuss enhancing the medical assistant role while addressing physicians' concerns?**

Physicians may be unsure of the medical assistant's ability to handle additional responsibilities and, therefore, be reluctant to "let go" of many tasks. Helping the clinician understand the medical assistant's training and proven competencies is necessary. Time spent working with the same medical assistant to build this level of trust enables the clinician to gradually hand over tasks that can be completed by someone without an MD or DO.

**How can I help the clinician feel comfortable "handing off" tasks?**

Include the clinicians in developing protocols that they all agree the medical assistants can handle. For instance, start with a protocol allowing a medical assistant to communicate that a patient's test results are normal with scripts of responses for common questions a patient might ask.

Delegating tasks can be a gradual introduction after training and skill assessment. Some administrative skills, specifically electronic health record (EHR) system documentation, can be customized and templated to provide guidance for medical assistant completion.

3

**Make the Business Case for Medical Assistant Recruitment**

In communicating with leadership, it is important to understand common values and priorities. Being able to clearly articulate your needs using metrics and data can be valuable in making the case for additional resources. Chief among priority metrics is communicating the financial impact. Measures of cost and utilization differ by reimbursement model. In Strongsville, Ohio, Kevin Hopkins, MD, uses a model that employs a 2:1 ratio of medical assistants to physicians. By leveraging this model, the practice has seen multiple benefits, enabling greater patient access, improved productivity, reduced costs, and increased revenue (Table 3).

Table 3. Cleveland Clinic Revenue and Costs Comparison for Team-Based Care<sup>8</sup>

**Comparison of revenue and costs per encounter<sup>8a</sup>**

Indicator	Baseline (5/2018–4/2019)	2020 Q3	2020 Q4	2021 Q1	Percent change
Net revenue	\$314	\$343	\$347	\$352	12.1
Direct costs	\$134	\$123	\$125	\$125	-6.7
Operating profit	\$180	\$220	\$222	\$229	27.2
Encounters/day <sup>b</sup>	26	36	27	29	11.5

Note: the realization rate is kept constant for comparison's sake.

<sup>a</sup>Adapted from Hopkins KD, Sinsky CA. Team-based care: saving time and improving efficiency. Fam Pract Manag. 2014;21(6):23-29.

Dollars were converted as follows: 2011 dollars to 2019 dollars, 2012 dollars to 2020 dollars, and 2013 dollars to 2021 dollars on June 15, 2021, using the US Bureau of Labor Statistics CPI Inflation Calculator: [https://www.bls.gov/data/inflation\\_calculator.htm](https://www.bls.gov/data/inflation_calculator.htm).

<sup>b</sup>Encounters per day were not changed from the original publication.



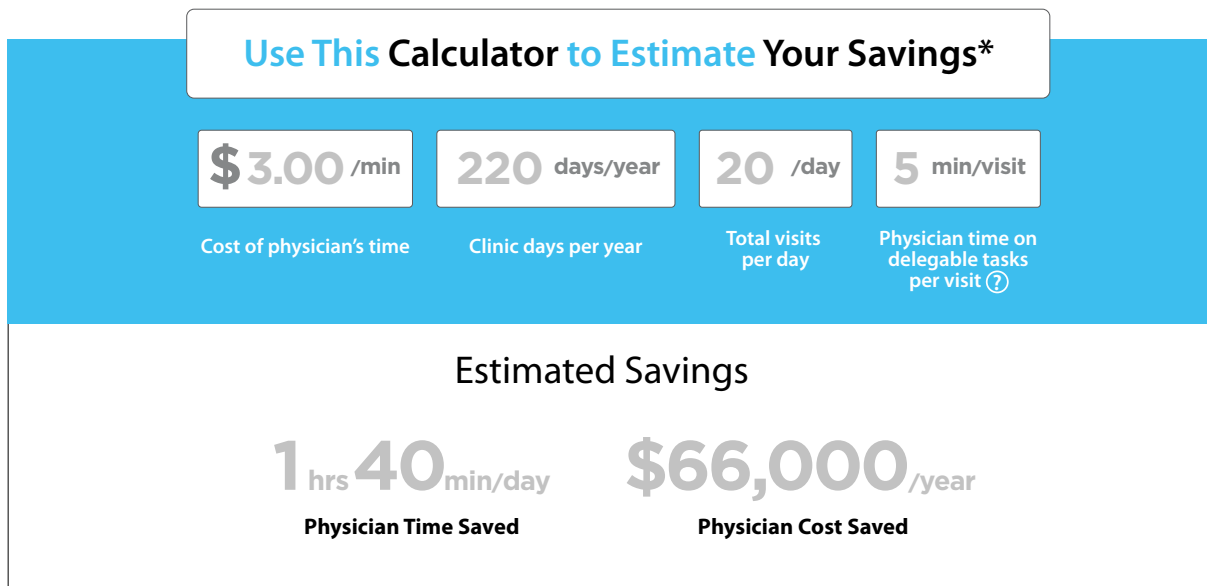
Two additional practices using medical assistant health coaches under a capitated model reported reduced costs in the form of lower emergency room use and hospitalization rates and reduced length of hospitalizations among patients with multiple chronic diseases.<sup>9-11</sup>

While retraining medical assistants can be costly to employers, many organizations are forming partnerships with training providers, including community colleges, to better prepare medical assistants in the skills needed for expanded roles. Some organizational representatives are members of medical assistant program advisory boards. In this role, the representatives can provide input on curriculum changes reflective of workforce needs.

### Interactive Calculator: MA Recruitment and Retention

To estimate the amount of time and money you can save by delegating appropriate tasks from physicians to highly trained Medical Assistants that you can recruit and retain in your practice, enter the number of patient visits per day and physician time spent on delegable tasks per day.

#### Interactive 1. Time and Cost Savings from Delegating Appropriate Tasks to Highly Trained Medical Assistants



\*We respect your right to privacy. Any data that you enter into the calculator is not stored by the AMA, nor is it used for any other purposes or provided to any other organizations.

# 4 Onboard Your Team

It is important to note that often medical assisting roles are poorly defined. The scope of practice varies from state to state and is usually not clearly outlined. It is also common for medical assistants to be hired and either provided limited onboarding training or none at all. This lack of consistency leads to confusion and frustration among clinicians, especially if they work with medical assistants with different skillsets, and can lead to decreased clinician confidence in delegating tasks.

To achieve success, the medical assistant’s role should be well-defined within the practice and must align with state law. Furthermore, it is recommended that onboarding and skills assessment be completed prior to allowing medical assistants to perform tasks on patients. In an ideal setting, medical assistants would receive specific training and skills assessment during new employee orientation. Some practices hold week-long medical assisting orientations to allow time for such evaluation.

Through standardizing medical assistant training in the practice, both clinicians and medical assistants can develop a mutual trust and confidence in one another.

**Table 4. Bellin Care Team Coordinator On-Boarding Plan**

What	Who	When	Preceptor	Dates	Notes
New Employee Orientation	Human Resources	Week 1			
Ambulatory Clinical New Hire Orientation Class (EHR Training and Skills Check)	Education Team	Weeks 1-2			
Standard Rooming Training with Assigned Training Team	Training Team	Weeks 2-5			
Complete Standard Rooming Checklists	Clinic Preceptor	Weeks 5-6			
Team-Based Care (TBC): Nuts and Bolts	Implementation Team	Weeks 5-6			
Clinical Documentation Class	Implementation Team	Weeks 5-6			
TBC EHR Class (3-day class)	TBC Training Team	Week 6			
Advanced Rooming Training with Assigned Training Team	Training Team	Weeks 6-9			
Complete Advanced Rooming Checklist	Clinic Preceptor or Team Preceptors	Weeks 9-10			
Function Independently in TBC Role	Employee	Week 10			
Rooming Tracers TBC Sustainability	TBC Clinic Preceptor/ Nursing Training Faculty	Weeks 10-12			



**Care Team Coordinator On-Boarding Plan**

This template from Bellin can be used to create and customize your own on-boarding plan.



**Family Practice Team Care Medical Assistant New Hire Packet**

This packet of materials from Cleveland Clinic contains a job description, on-boarding/orientation agenda and topics, and example protocols you may ask your new hire to follow for efficient and high-quality care in your practice.

## 5

## Retain Top Talent

Investing time and resources into retaining high-performing medical assistants is important for ongoing practice optimization. Focus on empowerment and continuous professional development to foster retention and maintain high performance.

Many organizations recognize the range of medical assistant skillsets and desire for advancement. A variety of approaches have been developed and include developing a career progression ladder with different levels, titles, and skillsets. As one progresses up the ladder, compensation increases as well.

One organization delegated colon cancer screening to medical assistants. Working off a list of those patients who had an identified care gap, medical assistants called patients during “downtime” and encouraged and discussed the screening. The hospital received financial incentives for meeting this quality goal and shared the financial benefit, not only with the physicians, but with the MAs, as well.

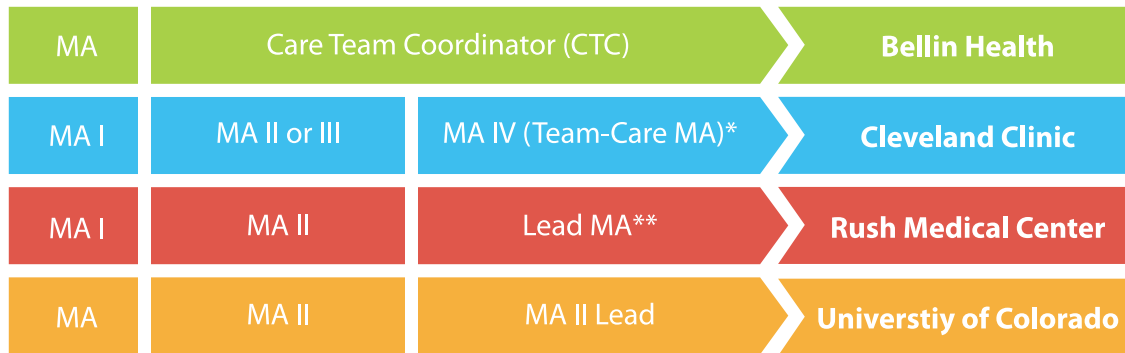
At the University of Colorado, Corey Lyon, MD, and team, with support from the University of Colorado (UC) Health system, have developed a Medical Assistant Academy. In this program, all new MA hires receive 1 week of basic training in the role of a MA in the UC Health system. During that week, they perform typing tests to address the ability to document in real time and scribe a simulated clinical scenario. For those who do not perform well at these tasks, they are provided assignments to clinics that are not “transformed” practices and conduct traditional MA roles. MAs who perform well on the assessments are offered an opportunity for assignment in a transformed practice and remain for an additional week of training geared toward a more expanded role on the team.

### This team-based care includes:

- Agenda-setting with the patient
- [Medication reconciliation](#)
- Performing tasks via protocols needed for the visit (ie, urinalysis, rapid strep, adult immunizations)
- Addressing care gaps by advanced protocols
- Documenting a brief history of present illness (HPI)
- Scribing support during the visit (to include HPI collection, placing orders, patient instructions)

The group is provided 3 weeks of shadowing a fellow MA who is performing in a transformed practice and is eligible to move up a professional ladder (MA I, II, III, MA lead).

Figure 2. Examples of Titles for Medical Assistants From Different Organizations



**\*Cleveland Clinic:** Only MA and Team-Care MA have different hourly pay rates. MA 1,2,3,4 roles are not associated with any pay differences. Nurses and MAs are on a Step Level progression for annual merit increases.

**\*\*Rush Medical Center:** Lead MA is salaried with MAs reporting to the Lead MA

Providing ongoing training opportunities and/or a formal career progression ladder is an optimal approach to strong medical assistant retention.

Q&A

**How can I provide positive feedback and enhance professional satisfaction for medical assistants on the team?**

Do not underestimate the importance of including the medical assistant as an integral member of the team. An important factor in further developing the relationship is the physician providing feedback; taking time to deliver feedback constructively will show you value the medical assistant's role on your team. Include medical assistants in huddle lead rotations and brief knowledge checks. A physician taking a few minutes to explain to a medical assistant what a hemoglobin A1c (HbA1c) test tells us is empowering the medical assistant to further share this knowledge with patients. Physicians enjoy teaching, and medical assistants appreciate learning more.

**What else can I do to enhance job satisfaction for our medical assistants?**

Some organizations provide time for all the medical assistants to get together monthly. The medical assistants run their meetings and develop their own initiatives. For instance, at Rush Medical Center, the medical assistants decided to choose a charity to highlight each month. On the last Friday of the month, they can wear a T-shirt reflecting their chosen charity, such as breast cancer awareness. They provide some refreshments and an opportunity to highlight successes, provide a brief educational program, and socialize. Organizations find providing this time as a way to thank the medical assistants for their hard work and listen to any concerns.

**Are there any tools to help provide feedback to my medical assistant in a constructive way?**

A valuable tool to assist in providing positive feedback is AAFP's [Medical Assistant Shareport Card](#).<sup>11</sup>

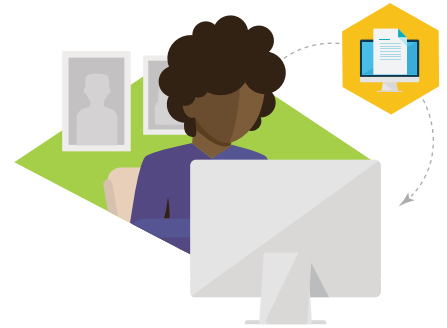
**How can you develop trust in the relationship between a medical assistant and a physician?**

Physicians and nurses may be reluctant to delegate tasks. They may be concerned about relinquishing patient contact and concerned regarding the consistency of medical assistants' skills and reliability. These concerns can be addressed by engaging clinicians in training and assessing the medical assistants' skills to determine if they meet the required competency for the new role. Working consistently with the same medical assistant fosters trust.

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## Conclusion

Leaders should recognize the vital role that medical assistants play in practice sustainability and support them as valuable members of the team. The expanded role medical assistants play in team-based care can provide them with more fulfilling work and, in turn, decrease turnover. The extent of the positive impact will be dependent on supporting factors of the organization and team, as well as increased training for the medical assistant. Delegating administrative and documentation tasks that do not require the advanced skills and training of an MD or DO allows the physician to perform needed meaningful work that brings joy to the practice of medicine and better outcomes for patients.



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## AMA Pearls

- Medical assistants are valuable when addressing team productivity. They can assist with administrative and clinical tasks. This will allow the physician greater work–life balance and enhance the care of their patients.

## Disclaimer

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## References

1. Medical assistant. *Miller-Keane Encyclopedia and Dictionary of Medicine, Nursing, and Allied Health*. 7th ed. Saunders; 2003. Accessed May 6, 2021. <https://medical-dictionary.thefreedictionary.com/medical+assistant>
2. American Association of Medical Assistants. State scope of practice laws. Accessed May 6, 2021. <https://www.aama-ntl.org/employers/state-scope-of-practice-laws>
3. 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
4. Bodenheimer T, Laing BY. The teamlet model of primary care. *Ann Fam Med*. 2007;5(5):457-461. doi:10.1370/afm.731
5. Chapman SA, Blash LK. New roles for medical assistants in innovative primary care practices. *Health Serv Res*. 2017;52 Suppl 1(Suppl 1):383-406. doi:10.1111/1475-6773.12602
6. Anderson P, Halley MD. 2008. A new approach to making your doctor-nurse team more productive. *Fam Pract Manag*. 15(7):35-40. <https://www.aafp.org/fpm/2008/0700/p35.html>
7. Sinsky CA, Sinsky TA, Althaus D, Tranel J, Thiltgen M. 2010. Practice profile. ‘Core teams’: nurse-physician partnerships provide patient-centered care at an Iowa practice. *Health Aff (Millwood)*. 2010;29(5):966-968. doi:10.1377/hlthaff.2010.0356
8. Hopkins KD, Sinsky CA. Team-based care: saving time and improving efficiency. *Fam Pract Manag*. 2014;21(6):23-29. <https://www.aafp.org/fpm/2014/1100/p23.html>
9. Nelson K, Pitaro M, Tzellas A, Lum A. Practice profile. Transforming the role of medical assistants in chronic disease management. *Health Aff (Millwood)*. 2010;29(5):963-965. doi:10.1377/hlthaff.2010.0129
10. Gawande A. The hot spotters: can we lower medical costs by giving the neediest patients better care? *New Yorker*. 2011;40-51.
11. Martinez M, Bigney J, Jernigan J. A feedback tool to improve physician-medical assistant communication. *Fam Pract Manag*. 2014;21(3):5-9. <https://www.aafp.org/fpm/2014/0500/p5.html>

### About the AMA Professional Satisfaction and Practice Sustainability Group

The AMA Professional Satisfaction and Practice Sustainability group has been tasked with developing and promoting innovative strategies that create sustainable practices. Leveraging findings from the 2013 AMA/RAND Health study, “Factors affecting physician professional satisfaction and their implications for patient care, health systems and health policy,” and other research sources, the group developed a series of practice transformation strategies. Each has the potential to reduce or eliminate inefficiency in broader office-based physician practices and improve health outcomes, increase operational productivity, and reduce health care costs.