



A Case Study of the Washington Association of Community & Migrant Health Centers and South Seattle College Partnership

Increased demand for and rising costs of health center services, stemming from an aging population¹, rising chronic illness², and increasing access to health care coverage³ has encouraged health centers to rethink care delivery. As healthcare delivery systems continue to evolve, community health centers must devise creative solutions to recruit and retain a workforce that can meet these needs. Simultaneously, the patient-centered medical home model expands the need for staff who can provide operational and enabling services^{4,5}. As health centers prepare to participate in Accountable Care Organizations and value-based care delivery, the demands will only increase in the coming years⁶.

Health center-college partnerships are one promising approach to addressing these needs. This case study highlights a collaboration between a state primary care association, the Washington Association of Community & Migrant Health Centers, and an educational institution, South Seattle College. Through their joint efforts, knowledge and skills of health center staff are strengthened; they are retained and their careers advanced at the health center, and they are better prepared to meet the pressing needs of vulnerable patients.

The Need for this Partnership

In 2012, Washington state passed legislation mandating a new certification structure for Medical Assistants (MA). Two tiers were created: certified MAs (able to work to the top of their license) and registered MAs (subject to limitations such as the inability to draw blood or perform injections other than immunizations). To become a certified MA, staff must complete an approved medical assisting training program and pass a certification exam, among other requirements.

This mandate posed challenges for community health centers, especially ones in rural areas who were unable to send their entire existing MA workforce to an approved yearlong training program. In response to this need, the Washington Association of Community & Migrant Health Centers (WACMHC) developed the only current Medical Assisting apprenticeship program in the state of Washington.

WACMHC first worked with the Washington State Department of Labor and Industries to create a program that would meet state guidelines. This department is the regulatory body that oversees all apprenticeships in Washington, and their staff worked with WACMHC to ensure the program would comply with three main standards:

The Washington Association of Community & Migrant Health Centers seeks to strengthen and advocate for Washington's 26 community health centers as they build healthcare access, innovation and value. These health centers collectively serve more than one million patients across Washington, from rural islands and remote mountain towns to inland cities and seaport municipalities.

1 Petterson SM, Liaw WR, Tran C, Bazemore AW. Estimating the residency expansion required to avoid projected primary care physician shortages by 2035. *Ann Fam Med* 2015;13:107-114

2 National Association of Community Health Centers. A sketch of community health centers: chart book 2017. <http://www.nachc.org/wp-content/uploads/2017/06/Chartbook2017.pdf>. Accessed June 1, 2018.

3 Proser M, Bysshe T, Weaver D, Yee R. Community health centers at the crossroads. *JAAPA* 2015;28(4):49-53.

4 Patel MS, Arron MJ, Sinsky TA, Green EH, Baker DW, Bowen JL, Day S. Estimating the staffing infrastructure for a patient-centered medical home. *Am J Manag Care* 2013;19(6):509-516.

5 O'Malley AS, Gourevitch R, Draper K, Bond A, Tirodkar MA. Overcoming challenges to teamwork in patient-centered medical homes: a qualitative study. *J Gen Intern Med* 2015;30(2):183-192.

6 Sandberg SF, Erikson C, Yunker ED. Evolving health workforce roles in Accountable Care Organizations. *Am J Accountable Care* 2017;5(2):9-14.

apprentices must be paid a fair wage by their employer; apprentices must be provided sufficient on-the-job training; apprentices must have adequate job prospects upon finishing the program. The department played no role in curriculum development or program administration, both of which fell to WACMHC. This expectation opened the door for partnership opportunities.

WACMHC put out an open call for instructors who taught Medical Assisting at the community college or university level and who were practicing professionals. These instructors served as WACMHC's content experts in curriculum design. They also became the instructors for the online learning component of the apprenticeship.

In late 2016, WACMHC approached South Seattle College about a potential collaboration. The plan is for apprentices who successfully finish the program and meet all its requirements to receive 56 college credits at no additional cost. The inaugural class for this pilot began the program in July 2017.

South Seattle College is a constantly evolving educational community dedicated to providing quality learning experiences which prepare students to meet their goals for life and work.

How this Partnership Works

WACMHC maintains three workforce development staff who administer the MA apprenticeship program (among other projects). These staff coordinate the following aspects to ensure seamless support to participating health centers. The program has been so successful they have created a Dental Assisting apprenticeship, supported by the same staff.

WACMHC's primary contact at South Seattle College has been the Executive Dean, who works in the Office of Instruction. As the program moves forward and South Seattle College begins outreach to and support for apprentices interested in college coursework, a second part of the college, Student Services, will also become involved.

Paid Hands-On Learning

The 12-month apprenticeship includes 2,000 hours of on-the-job training, equivalent to a year of full-time work. Apprentices are employees from day one. Training includes online coursework, hands-on technical instruction, and support from on-site health center staff who serve as coaches. The program is almost entirely remote, with apprentices

convening three times in-person for day-long skills-building sessions. Once all program requirements are met, participants sit for the state certification exam.

Apprentices are usually identified as "MA trainees." For the first six months they often serve as float MAs, working with different providers as they learn basic MA skills. Around the halfway mark, apprentices have acquired most of the technical skills they need to perform their jobs and health centers often move them into full-time MA status, where they follow one provider and practice independently.

Coaches are health center staff who are either MAs or hold a higher license. Per program requirements, health centers must maintain a ratio of one apprentice to one coach. Because apprentices learn by shadowing experienced staff, many health centers do not need to give coaches protected time for training. CHAS Health, which serves patients in Spokane County and the Lewis-Clark Valley in eastern Washington and Western Idaho, has trained multiple apprentices. Bev Christie, CHAS Health's Clinical Services Specialist, recommends designating coaches who are an MA on the floor and not a supervisor. In the rare instance where they need time for in-depth discussion, apprentices and coaches huddle at the beginning or end of the day and use a float MA for coverage. Using this system, "I have yet to have a problem with training time for the team," Christie says.

CHAS Health is a federally qualified health center serving 65,000 patients at 12 locations throughout Spokane County and the Lewis-Clark Valley in eastern Washington and western Idaho.

Certified Coursework

Simultaneously, apprentices take an online course developed specifically for this program. Coursework includes skills videos, quizzes, and interactions with instructors. WACMHC contracts with four instructors; each is based within a defined region and follows their cohort through their online and in-person lab training.

The coursework is designed to line up with hands-on learning on a weekly basis. WACMHC maintains a MA apprenticeship committee comprised of health center staff, and recent recommendations have fine-tuned the schedule. For example, MAs now receive didactic training in phlebotomy before they are expected to perform blood draws in clinic.

The last four months of the program prepare apprentices to participate fully in patient-centered medical homes. After

they've mastered technical skills, apprentices learn about integrated care management, cultural competency, motivational interviewing, and managerial skills. Their coach runs through role plays, helps them practice motivational interviewing, and works with them to map care coordination pathways and leadership ladders. Class forums are filled with posts about working with challenging populations or handling difficult scenarios.

Katherine Lechner, WACMHC's Workforce Development Manager, notes this module provides a large benefit to health centers. "Not only are [apprentices] developing the technical skills to do their job, there are so many soft skills needed to work with these diverse populations."

Recruitment

When the program began in 2014, most apprentices were incumbent workers who needed certification. It has since developed into a career ladder pathway for health centers to move non-clinical staff (e.g., medical records, environmental services) into the MA role. The vast majority of health centers coordinate recruitment for the program, often posting the opportunity on an internal job board, where staff apply and are interviewed for the position. Some health centers use it as a pipeline to hire new staff directly from the community. Some recruit graduating high school students who have expressed interest in health care, either by taking Certified Nursing Assistant coursework or attending an afterschool technical program geared toward the medical field. Lechner estimates roughly two-thirds of apprentices are existing health center staff and one-third are new hires.

Cost

The price tag for participation is \$3,750 for in-state participants, which covers coursework, textbooks, and the first attempt at the exam. WACMHC acknowledges tuition does not cover the full cost of administering the program, but they sought to keep it affordable. Administration costs for the apprenticeship is also funded through multiple state and federal grants.

Some health centers directly cover tuition, others have tuition reimbursement programs, and another subset set aside scholarships. Lechner estimates nearly all employers pick up the tab through one mechanism or another. In return, apprentices sign a commitment contract with their employer. Many remain at the health center for at least several years following completion, as they see the apprenticeship as an investment their employer has made in them.

Roles of Partners

WACMHC contracted with local community college and university instructors to serve as content experts in designing the curriculum. Some also serve as instructors for online learning components of the apprenticeship. In addition, WACMHC secured approval of the apprenticeship from the State Department of Labor and Industries. Finally, WACMHC obtained approval for the curriculum from the State Board of Community and Technical Colleges. South Seattle College examined the curriculum to determine the equivalent number of college credits to offer. In turn, WACMHC has agreed not to change the curriculum unless South Seattle College reviews the proposed changes.

In July 2018 the first cohort to benefit from WACMHC's new collaboration with South Seattle College will finish the program. In addition to receiving 56 college credits at no additional cost, they will be encouraged to continue on with their studies, either through in-person or online courses. The plan is for guidance counselors to reach out to graduating apprentices, and for them to be offered resources including assistance applying for financial aid. WACMHC plans to follow each cohort to assess if and how staff avail themselves to these educational opportunities.

Federal Registration

WACMHC just finished registering the MA apprenticeship program with the Federal Department of Labor. This means they are able to take the program nationwide if another employer, health center, or primary care association wants to adopt or utilize the program.

Dental Assisting Apprenticeship

In 2016 WACMHC expanded its apprenticeship program portfolio to include Dental Assisting. The model is similar in terms of required hours and use of parallel online curriculum. It has eight in-person lab days instead of three, thus tuition costs were increased to \$5,750. Washington state has no certification requirement for Dental Assistants, thus participants do not need to sit for a certification exam. However, the state has a huge need for Dental Assistants yet few training programs, and the ones that exist are primarily in the western and urban regions of the state. Health centers needed an in-clinic training program. Recruitment tends to be half internal recruits and half community hires, as dental clinics are often smaller than medical clinics, with a correspondingly smaller pool of staff available to move up the career ladder.

Results

Since 2014, 255 apprentices are participating or have participated in the program. Apprentices have been trained at 19 of the state's 26 health centers, with an additional 23 employers participating (large hospital systems, critical access hospitals, and tribal clinics, among others). The program has a 96% completion rate and an overall 92% pass rate for the certification exam, with 85% of participants passing on their first attempt.

Health center satisfaction with MAs who have completed the program has been high. Stephen Brown, Chief Operating Officer of Family Health Centers, notes "the skill level and knowledge base ... far exceeds what I have seen from other programs. This opportunity has given us a steady stream of highly prepared staff and adds to our retention of skilled workers." Family Health Centers serves rural Okanogan County, Washington and has sent 10 staff through the program, with two more enrolled in the fall cohort.

Brown's comments are backed up by the data. WACMHC has found a 98% retention rate for MAs one year post-apprenticeship completion and a 83% retention rate two years post-completion. Many of these staff come from the community and are motivated to serve their community. Anecdotally, Lechner describes the largest group of apprentices as middle-aged women, usually of Latinx descent, who have a GED or high school equivalency and did not think traditional college or continuing education was an option. The opportunity to complete an apprenticeship while being paid full-time and collecting college credit, all while accruing no student debt, is a life-changing opportunity.

Family Health Centers is a federally qualified health center operating in seven towns in rural northeastern Washington's Okanogan County and serving 40% of the county's population.

"the skill level and knowledge base ... far exceeds what I have seen from other programs. This opportunity has given us a steady stream of highly prepared staff and adds to our retention of skilled workers."

By the Numbers

Apprentices who are participating or have participated: 255

Health centers who are participating or have participated: 19 of 26

Other employers who have participated: 23

Program completion rate: 96%

Certification exam pass rate: 92%

Certification exam pass rate, first-time attempts: 85%

Christie also believes CHAS Health has received many benefits from participating. CHAS Health attempts to hire internally first, and this program creates a career ladder that would not otherwise exist. To date, 18 MAs are completing or have completed the program (another 23 Dental Assistants are completing or have completed an apprenticeship through WACMHC). "Our expectations of new MAs are higher," Christie says. "The entire staff has participated in teaching each of the new apprentices."

Advice . . . from One Health Center to Another

- Pay careful attention to skills sequencing. Ideally apprentices will contribute to clinic from day one, with continual opportunities to build and practice skills.
- Train internal coaches how to teach. Set clear expectations and put the necessary support staff in place so that apprentices and coaches can be successful. Hold regular meetings to discuss what is working and what needs tweaking.
- Check with state regulatory bodies about apprenticeship rules. Some states may have no regulations and others may require a large degree of oversight.

Lessons Learned from this Partnership

WACMHC and South Seattle College are still building out their relationship. WACMHC began seeking college partnerships in 2016, after evaluating Medical Assisting curriculum at several colleges and believing their program was comparable. Some community colleges already had Medical Assisting programs. South Seattle College was a natural fit because they did not have an established Medical Assisting program but did specialize in apprenticeships in the construction and electrical fields, thus they understood the apprenticeship model and were focused on the kinds of students who participated in them.

As health centers continue to adapt to the evolving needs of a changing healthcare delivery system, career ladders will play an increasingly important role in cultivating the workforce of tomorrow. Ascending these ladders requires enhanced job skills, increased education, or a combination of the two. Partnering with colleges and universities supports staff in making these transitions, and can help with retaining motivated mission-driven staff. As this case study illustrates, health centers can support staff through programs that intertwine hands-on learning with didactic coursework and tuition support.

Contributing Factors

*State legislation: created mandate, but continued demand, success of Dental Assisting program, and wide range of participating health systems has demonstrated strong need for program

- Job training programs are often created without input from employers. WACMHC found enormous value from pulling together an advisory committee comprised of health center staff, which allowed them to vet the curriculum and program with as many employers as possible. This produced a program whose didactic content and skills training matched job descriptions and position needs. This type of feedback and revision is helpful even if several cohorts have already been trained.
- Curriculum modules dedicated to the patient-centered medical home honed apprentices' soft skills and systems-level knowledge (e.g., referrals pathways). Building those components into the training program creates a clear advantage over other Medical Assisting programs, which produce graduates who must often acquire this knowledge on the job.
- Factors that increased retention rates including employer coverage of training costs and staff involvement in apprentice training. Together, these created the sense that the health center was investing in the apprentice, thereby strengthening the relationship between employee and employer.

Restricting Factors

- Many colleges already offer training programs for Medical Assistants and other health professionals, thus developing a successful partnership may necessitate looking beyond local schools (colleges are increasingly offering online options). It's worth noting that most colleges offer programs in some but not all health careers (for example, a school may have a nursing program but no Medical Assisting program).
 - Using grants to offset overhead costs increases affordability for participants, however programs that are too grant-dependent risk shutting down when the funding ends. WACMHC has taken steps to address this issue by securing multiple grants in several sectors (e.g., labor and industry) and across funders (e.g., state, federal grants).
 - Community colleges in particular are often constrained by tight budgets, and they may hesitate to partner unless they receive funding. WACMHC increased the appeal of a potential partnership by using a curriculum that had already been developed by college-level instructors and vetted by the State Board of Community and Technical Colleges, thereby decreasing the college's up-front investment in a partnership. Health centers who wish to co-develop a program or curriculum may need to secure external funding or otherwise find ways to support community college involvement.
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