

CASE STUDY:

The National Institute for Medical Assistant Advancement

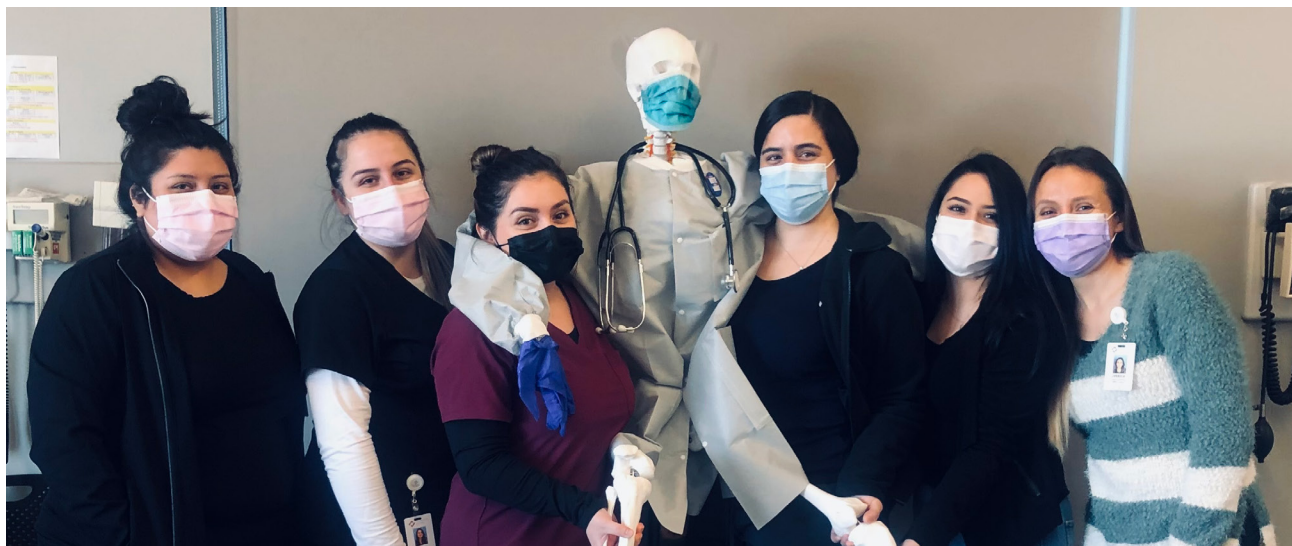
**MAKING ENTRY TO A CAREER IN HEALTH CARE MORE
ACCESSIBLE WHILE DIVERSIFYING THE WORKFORCE
THROUGH AN INNOVATIVE AND AFFORDABLE PROGRAM**



The Colorado Health Foundation™

THIS CASE STUDY FOCUSES ON SCALING A HEALTH CARE WORKFORCE MODEL THAT SUPPORTS A RACIALLY DIVERSE TEAM TO PROVIDE CARE THROUGHOUT COLORADO'S SAFETY NET CLINICS.

The National Institute for Medical Assistant Advancement (NIMAA) is a nonprofit organization that trains medical assistants (MAs) through an online learning program coupled with hands-on clinical experience in partnership with a local safety net provider. To date, more than 150 MAs in Colorado have graduated through NIMAA. Eighty percent of those graduates identify as Hispanic/Latinx, American Indian/Native American, Asian, Black or Native Hawaiian. NIMAA students and graduates are reflective of their communities of origin and the communities they serve.



From left to right: Giovana Roque Apodaca, Jacqueline Rodriguez, Ybette Contreras, Lizette Contreras, Alondra Villa Chavarria and Jessica Saldivar at Clinica Family Health

NIMAA COLORADO STUDENT INFORMATION DELINEATED BY RACE AND ETHNICITY

This informaton is for Graduates, from 2016-2021

	Hispanic/Latinx	Not Hispanic/Latinx	Not Specified	TOTAL
American Indian/Native American	7	3	1	11
Asian	0	1	0	1
Black	2	3	0	5
White	84	25	6	115
Native Hawaiian	1	0	0	1
Race not specified	21	0	0	21
TOTAL	115	32	7	154
PERCENT OF TOTAL	75%	21%	5%	
PERCENT OF THOSE WITH ETHNICITY REPORTED	78%	22%		

The National Institute for Medical Assistant Advancement NIMAA creates an affordable, streamlined solution for clinics to fill critical MA positions with people who understand the cultural nuances of the communities they live and work in. Since its inception, NIMAA has educated a large majority of Black, Indigenous and people of color (BIPOC) students. Its model tends to graduate student classes that are racially and/or ethnicity similar to the community and patients the graduates will serve.

Established in 2016 by the Salud Family Health Centers in Colorado and the Community Health Centers, Inc. in Connecticut, two federally-qualified health centers (FQHCs), the NIMAA program has trained over 250 individuals from 14 states. FQHCs' primary responsibility is to provide care to all, irrespective of their economic status, and use a sliding fee scale to accommodate all patients' income levels, including none at all. These two FQHCs recognized the essential roles that MAs play in care teams in their safety net clinics. MAs have a broad skill set, performing front and back office duties. They manage a wide range of responsibilities, with some of those aspects being:

- Rooming the patient, recording vital signs and administering screening questionnaires.
- Helping patients access various services, including oral, behavioral and specialty care.
- Scheduling appointments and liaising with billing and insurance departments.

“Medical assistants are the choreographers of the business,” says Elena Thomas Faulkner, CEO of NIMAA, explaining that they greatly help streamline the patient visit and are often the face of care to patients before seeing a physician. “As a result, we’ve seen them go into different roles in health care as their career progresses. But this has been an organic process historically. How can we help map it out more intentionally by creating pathways for someone to pursue? That’s what we’re trying to do with NIMAA.”



Top: Students; middle: Elena Thomas Faulkner; bottom: Mary Blankson, Adamari Payan Perez, students

“FQHCs are part of a holistic system that’s very integrated,” says Thomas Faulkner. “While it includes visits to a primary physician for your physical health, FQHCs also help cover behavioral and oral health, chronic illness, nutrition, vision and more.”

Because of their pivotal role, *Health Affairs* emphasizes that “meeting the need for medical assistants with expanded training is considered vital to new health care models.” MAs, however, are in short supply, says John Santistevan, president and CEO of Salud Family Health Centers, a FQHC serving over 60,000 patients across 13 clinic locations, 10 school-based health centers and a mobile unit.

John Santistevan states, “With COVID, we’re seeing that the stress on health care workers is even higher, yet we need more than ever before.”



From left to right: John Santistevan, Arly Hernandez and Dr. Tillman Farley

NIMAA training is unique because clinical exposure begins early for students. NIMAA students have extensive experience with patients by the time they graduate, in part due to the early clinical training. “This is a great benefit for medical centers,” says Santistevan. “NIMAA students know how to react to patients because patients don’t always have the same textbook responses. So, the NIMAA students are ready to go and experienced by the time they’re hired to work in a clinical setting.”

NIMAA IMPACTS COLORADANS OF COLOR



Lacie Fuller

“Being a MA, you really set the tone for that provider, shares Lacie Fuller, and you do almost everything in the office.”

Lacie Fuller, who identifies as biracial, came to NIMAA after a 20-year successful career in the salon industry. After living in Denver for years, Fuller came back to her hometown of Durango, CO and looked for an education that would put her on a path to a new career immediately. She worked the front desk of specialty clinics and in the floating pool at the local hospital, taking on any job assigned to her. Ultimately, she ended up in the rheumatology department at Mercy Hospital – a department that she had little knowledge of beforehand. “That’s been the fun part of this, the learning. You’re always learning.”

For Fuller, this is just the beginning of a second career in health care; she aspires to be a nurse and will work towards that in the coming years, she says.

“Being a MA, you really set the tone for that provider, and you do almost everything in the office. So it’s an important role,” she iterates.

When asked why she chose NIMAA over other programs, Fuller said that she was really impressed by the quality of education provided through NIMAA and one of the key selling points was that she could work while learning. “That’s really been great because we’re putting it into practice so quickly.”

And despite it being an online educational program, she found the level of teaching to be “excellent,” she says. “My teachers were always accessible to me. I’ve even become friends with one of them, and the dashboard we used for our classes was user-friendly, easy to navigate. I really didn’t feel like I was missing out on anything.”

In efforts to meet communities where they are and address inequities within the sector, NIMAA continues to identify future BIPOC students like Fuller. Perspective students note that NIMAA’s \$6,000 tuition is more affordable when compared to up to \$20,000 in tuition from some private institutions. While a \$6,000 tuition might be more affordable than the private option, it still can be a barrier to those living on a low income.

NIMAA graduates work in a profession where the average MA is paid on average \$35,000 to \$40,000 annually. It’s a good entry-level position for an individual, but often not enough for a family. Thus, Santistevan says there is a fair amount of turnover due to a combination of factors that often have to do with finances. “It’s hard because we can only pay them so much, given our limitations as a nonprofit.”

NIMAA PARTNERS WITH THE COLORADO HEALTH FOUNDATION



From left to right: Khanh Nguyen and Ben L. Bynum

NIMAA is designed to meet the needs of advanced primary care practices like FQHCs whose primary responsibility is to provide care to all, irrespective of their economic status. The Colorado Health Foundation (CHF), has \$2.8 billion in assets, and in 2020, it awarded more than \$124 million in grants. To date, CHF has a long and established history of supporting comprehensive primary care services in Colorado’s safety net, including and especially Colorado-based FQHCs.

NIMAA’s impact potential led CHF to take a huge risk on a new concept. CHF was NIMAA’s first funder outside of its two founders. That funding came in a three-part fashion. First, a set of grants at \$600,000 and \$425,000 to help get the infrastructure in place needed to develop NIMAA. This funding was followed by a low-interest loan of \$245,000 to support capital growth.



At the time of CHF’s initial funding, NIMAA had not hired its first full-time staff person or even identified physical office space to headquarter its national model. Yet CHF sensed NIMAA’s ability to tackle a gap in Colorado’s health care workforce by adding more racially diverse MAs through the NIMAA model. “NIMMA creates a pipeline of racially diverse talent with deep racial/ethnic connections to the communities they are serving. This program is priceless for clinics. It is a more effective way to train and retain staff, especially in a time when clinics face high employee turnover rates, particularly for their MAs,” says Khanh Nguyen, senior program officer at CHF.

Through its efforts, CHF aims to support workforce models whose efforts make medical careers more accessible to members of racial diverse backgrounds in the primary care setting. “CHF values culturally responsive primary care teams,” says Ben L. Bynum, M.D., portfolio director of impact investing at CHF. Dr. Bynum started to discuss the idea with Colorado FQHCs to see what they made of the NIMAA concept. “We’re always in the community and talking to the folks we exist to serve. So the more feedback I got on the need for more racially diverse care teams to more resemble the communities they serve, the clearer it became that bringing NIMAA to Colorado was truly something the community wanted, not just something a funder thought was a great idea.”

WHAT IS NEXT FOR NIMAA?

In the past five years, the organization has had to reckon with the classic start-up hurdles and the most unexpected – a global pandemic. Despite the start-up pains and facing the COVID-19 pandemic, NIMAA has seen renewed interest and steady growth in their number of applicants. The first NIMAA class had only 13 students from Colorado and Connecticut. Each year, they’ve seen an increase in students: in 2017, the count doubled to 27 students; in 2018, 45; in 2019, 74. The 2021-22 school year had 135 participants and more than 100 graduates.

In 2021, NIMAA became nationally accredited. This accreditation further serves as external validation that the NIMAA model is providing quality training to its students and graduates. This will also help with NIMAA’s continued national expansion as interest grows to make it more widely accessible across the U.S. It means that NIMAA students can apply for financial aid now, making the program even more affordable. “The Foundation applauds NIMAA’s commitment to training racially diverse MAs in Colorado (and nationally) in the years to come,” says Dr. Bynum.

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About The Colorado Health Foundation

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