Medical Assistants in Washington State: Demographic, Education, and Work Characteristics of the State's Medical Assistant-Certified Workforce

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KEY FINDINGS

Medical assistants (MAs) are a rapidly growing and increasingly important workforce. High MA turnover, however, is common and employers report applicants frequently do not meet their needs. We collected survey responses from a representative sample of Washington's MAs with certified status (MA-Cs) to understand their demographic, education and employment backgrounds; job satisfaction; and career plans.

Findings from this survey that were published in *Medical Care Research and Review* (Skillman, Dahal, Frogner, & Andrilla, 2018) include:

- Washington's MA-Cs had a mean average wage of $19.91, varying across state regions from $16.93 to $21.73, with little variation within each region.
- Most (93.0%) of MA-Cs were female and higher percentages were Hispanic, Black, Asian/Pacific Islander, and more than one race compared with the overall Washington population.
- Most (88.8%) reported their primary work location as a medical clinic, and primary care/family medicine was the medical focus of one third of MA-Cs.
- While generally satisfied, 56.2% of Washington's MA-Cs reported they would seek training or employment in another healthcare occupation within five years, with higher percentages among MA-Cs who felt overwhelmed by their workload and/or not satisfied with promotion opportunities.
- Regression analyses showed non-White MA-Cs were more likely than White MA-Cs to express interest in other healthcare careers.

Additional findings presented in this report include results for sub-state regions and the following:

- 73.2% of Washington's MA-Cs held national certification, more than half (55.0%) of whom were certified by the American Association of Medical Assistants.
- Average wages of MA-Cs in western Washington were consistently higher than in eastern Washington, regardless of years of experience as an MA.
- The frequency that MA-Cs perform various clinical, administrative/insurance, and clinic/office operations tasks and roles varies, with rooming patients, taking vital signs, checking medications and recording medical histories being performed nearly every day by most MA-Cs.

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KEY FINDINGS *continued*

- More than a third of MA-Cs' job responsibilities include serving as a cross-trained (cross-specialty) float.
- About a third of MA-Cs previously worked in another healthcare occupation, and about a quarter currently hold a credential or license in another healthcare occupation.
- Commuting across ACH boundaries from home to work is relatively common among MA-Cs, with sizable commutes most apparent among the ACHs bordering western Washington's King county (where Seattle is located).

These findings suggest the MA occupation provides an entry to healthcare careers for diverse populations. With more than half of Washington's MA-Cs interested in leaving that occupation within five years, retention strategies are needed, particularly targeting minority MA-Cs. MA recruitment and turnover is expensive and disruptive for employers. Providing clear career ladders accompanied by pay increases and better workload management may improve retention of MAs in their occupation and/or with their employer.

Medical Assistants in Washington State: Demographic, Education, and Work Characteristics of the State's Medical Assistant-Certified Workforce

INTRODUCTION

Medical assistants (MAs) are among the fastest-growing occupations in the nation and demand for MAs is growing (Bureau of Labor Statistics., 2018; Frogner, Spetz, Parente & Oberlin, 2015). In Washington State, MAs became an occupation subject to credentialing (through certification or registration) in 2012, making Washington the only state to credential the occupation. MAs must complete an approved MA training program and pass 1 of 4 national competency exams and work within a defined scope of practice to become credentialed as an MA-Certified (MA-C) in Washington. MA-Cs, of which there were 15,789 in 2017, may work as delegated by and under the supervision of a defined list of healthcare practitioners; physicians, advanced registered nurse practitioners, registered nurses, physician assistants, optometrists, and naturopaths (Washington State Department of Health, n.d.). Washington also recognizes three other categories of MAs. MA-Registered (MA-R) are mostly individuals who held the title of healthcare assistant before 2012 and who have not sought MA-C status or who hold other healthcare titles (such as nurse assistant-certified) and whose employer facilitated their obtaining an MA-R credential to expand their scope of practice. MA-Rs, of which there were 7,584 in 2017, are not required to complete MA-C training and examinations but may only work to the limit of an attestation of an employer. Their registration is not transferable to another employer. Washington's other two MA credentials, each with limited scopes of practice and smaller numbers, are MA-hemodialysis technician and MA-phlebotomist.

In 2017, the University of Washington Center for Health Workforce Studies (UW CHWS) conducted a survey of Washington's MA-Cs. Findings related to MA-Cs' demographic, education and practice characteristics, as well as job satisfaction and career plans, were published (Skillman et al., 2018). This report summarizes the published findings and provides additional details describing Washington's MA-C workforce. This information from one state helps to expand the limited information that is currently available describing MAs in the U.S.

METHODS

Sampling frame: The survey sample was drawn from credential records from Washington State's Department of Health, including all 15,789 active MAs in 2017 credentialed by the state as MA-Cs, as well as data for the 7,584 MA-Rs. Early responses from MA-Rs confirmed that many were credentialed by their employer (with one contact for multiple MA-Rs), often to enhance the scope of practice for another healthcare title held by the individual. We focused our analyses on MA-Cs because among the types of MAs credentialed in Washington, MA-Cs are the largest group, and have the most consistent education tracks, scope of practice, and career options.

We surveyed a random sample of 2,061 MA-Cs who we attempted to contact by U.S. First Class mail and 11,790 of the remaining MA-Cs who had email addresses. The survey was conducted through a service agreement, under supervision by the UW CHWS researchers, with the Social and Economic Sciences Research Center at Washington State University. Those in the random sample with email addresses were initially contacted by email and then sent a mailed paper invitation showing a website link and unique code that they could use to complete the survey. Non-respondents from the random sample were

then mailed a paper copy of the questionnaire and reminder postcards at 7-10 day intervals. As many as nine emails (initial invitation and subsequent reminders) were sent to subjects with email addresses and up to three First Class mail invitations were sent to the random sample.

Questionnaire: The survey questionnaire questions were adapted, when possible, from other surveys of MAs and healthcare occupations as well as developed specifically for this survey. Refinements for clarity, accuracy and relevance were based on pilot testing with MA-Cs in clinical practice and education and by other individuals involved in MA credentialing and research. Questions addressed current employment (status, setting, location, hours and weeks worked, supervision, wage); work history (years as an MA, other occupational credentials); current duties and responsibilities (patient care, coaching, administration, and office tasks and roles); job satisfaction; five-year career intention; education and national certification history; and sociodemographic characteristics. The questionnaire is attached (**Appendix B**).

Analysis: All statistical analyses were performed using STATA SE v. 14.0 (StatCorp, College Station, Texas 2014). We estimated response bias by comparing respondents and non-respondents on demographic and geographic characteristics, calculated descriptive statistics on survey topics, and conducted logistic regression analyses to predict whether MA-Cs agreed with the statement "I plan to seek training and/or employment in another healthcare occupation in the next 5 years". After performing a two-sample t-test and Kwallis test of equality of demographic characteristics distribution across all four responses, we combined responses of "strongly agree" with "agree" and "strongly disagree" with "disagree" for regression analyses because we found no statistical differences among individuals in the four response groups with respect to demographic characteristics. Regression models controlled for demographic variables including age, sex, race, and household composition; labor market variables including hourly wage rate, weekly work hours, and years of experience working as an MA; the nine healthcare planning regions within the state ("Accountable Community of Health" [ACH]) (Washington State Health Care Authority, 2018); MA education (for-profit vs. not-for-profit); whether the MA felt overwhelmed by their workload; and whether the MA was satisfied with opportunities for promotion.

Human subjects: This study was determined to meet the federal "exempt" criteria for human subject review by the state of Washington Institutional Review Board.

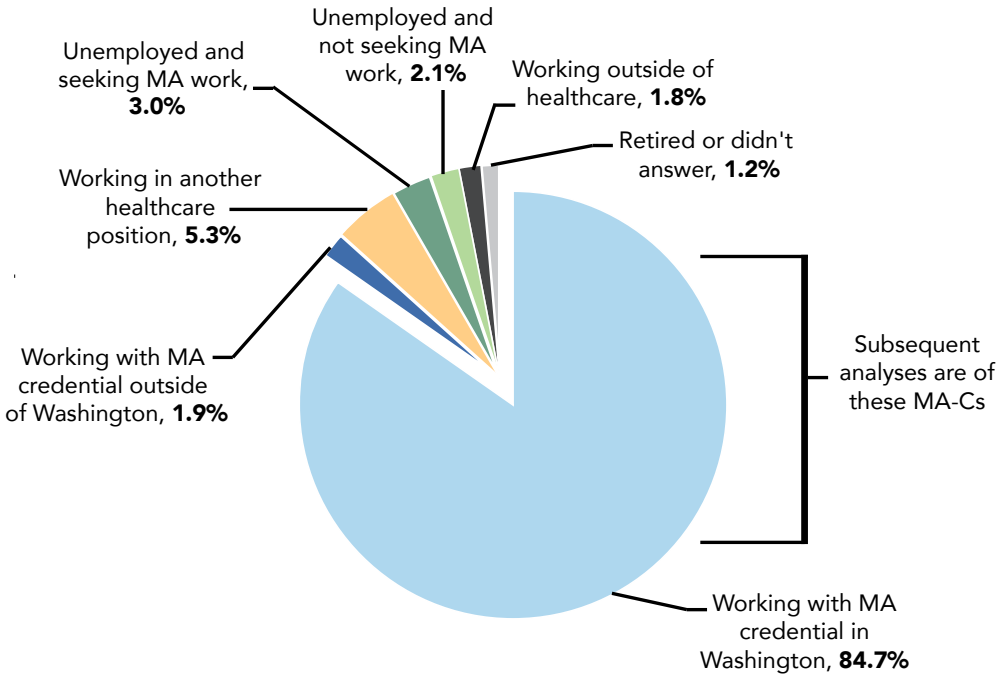
Response rate: The overall survey response rate was 24.3% (3,355 responses out of 13,851 attempted contacts) representing 23.8% from the email-only group and 26.4% from the random sample). The response rate likely appears lower than if we had been able to determine the disposition of all emails because the survey system was unable to identify email addresses that bounced or were otherwise not functional. **Appendix Table A1** shows the number of credentialed MA-Cs and the number of survey respondents statewide and by ACH.

We compared respondents with non-respondents from the random sample of MA-Cs, and from those contacted only by email in order to estimate non-response bias. The comparisons (using age, sex and geographic regions) showed no statistically significant difference between the groups by sex (92.3% female respondents vs. 93.2% female non-respondents, p=0.109). Respondents were not significantly different from non-respondents for eight out of the state's nine healthcare planning regions. A higher proportion of respondents were under age 35 than non-respondents, but there were no significant differences in distribution across other age groups. We did not apply survey weights for our analyses, but have attempted to take any potential biases into account in our interpretation of the findings, as well as by controlling for age along with other relevant demographic variables in the regression analysis.

RESULTS

Practice status: Among respondents, 86.6% of Washington's MA-Cs reported currently working in a job requiring their MA credential, of whom 84.7% (2,841) were working in Washington (Figure 1). Appendix Table A1 shows the number of MA-Cs reporting they worked in a job requiring their MA credential by ACH. Of the 13.4% not using their credential, 39.3% (5.3% of MA-Cs overall) were working in another healthcare position, 22.1% (3.0% overall) were unemployed and seeking MA work, 15.6% (2.1% overall) were unemployed and not seeking MA work, 13.2% (1.8% overall) were working outside of healthcare, 4.9% (0.1% overall) indicated they were retired, and 4.9% did not respond to this question (0.1% overall). **Subsequent analyses were based on the 84.7% of all MA-Cs who indicated they were practicing in Washington.**

Figure 1: Practice Status of MA-Cs Credentialed in Washington State



DEMOGRAPHIC, EDUCATION AND PRACTICE HISTORY CHARACTERISTICS

The mean age of MA-Cs working as MAs in Washington was 38.0 years and 93.0% were female (Table 1). The majority were in households with two adults and children, and while a third of the households had incomes over $75,000 per year, 42.2% made less than $50,000 per year.

Higher percentages of MA-Cs were Hispanic and non-White than the overall 2018 Washington State population (Washington State Office of Financial Management, 2016) (Table 2). MA-Cs compared with Washington residents were 15.3% compared. 13.1% Hispanic, and 23.0% races other than White compared with 20.6% of the overall state population.

Table 1: Age, Sex, Household Composition and Income of MA-Cs in Washington

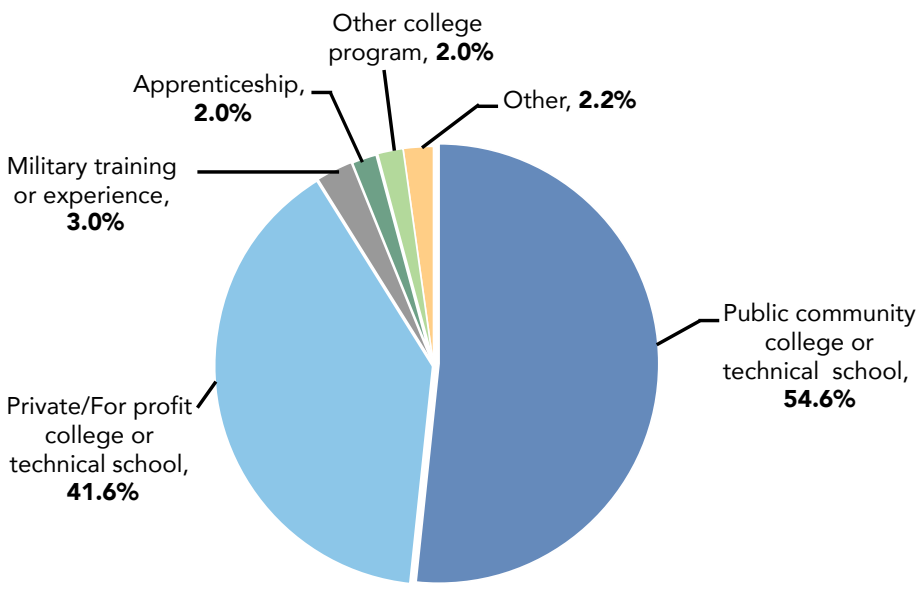
	MA-Cs
Age and Sex	
Age (mean years)	38.0
Female (v. Male)	93.0%
Household composition	
Two adult household, with children	71.2%
Two adult household, without children	10.1%
Single adult household, with children	14.9%
Single adult household, without children	3.9%
Household Income	
Percent <$50,000/year	42.2%
Percent $50-74,999/year	24.6%
Percent ≥$75,000/year	33.2%

The demographic and household characteristics and ethnic and racial composition of Washington's MA-Cs by ACH region are detailed in **Appendix Table A2**.

Table 2: Ethnicity and Race of MA-Cs in Washington Compared with Washington State 2018 Population

	MA-Cs	Washington Population 2018
Hispanic (v. Non-Hispanic)	15.3%	13.1%
Race:		
White only	77.0%	79.4%
Black/African American only	5.4%	4.0%
Asian only	7.8%	8.8%
Native American or Alaska Native	1.6%	1.9%
Native Hawaiian or Other Pacific Islander	2.2%	0.8%
More than one race	6.2%	5.1%

Figure 2: MA Education Program Type Completed by MA-Cs in Washington



EDUCATION

Nearly all (96.2%) of Washington's MA-Cs completed MA education through a college or technical school program: 54.6% through a public community college or technical school and 41.6% through a private/for-profit college or technical school (**Figure 2**). Nearly 3% gained their MA education through military training or experience, and 2% each through apprenticeships, another college program such as a nursing program or a medical school in another country, or some other education pathway.

The majority (84.5%) of Washington's practicing MA-Cs completed their highest level of MA education in Washington State, 14.3% from another state, and 1.2% from outside the U.S. (**Table 3**). The highest academic achievement in any field was a bachelor's degree or higher for 9.5% of Washington's MA-Cs, an associate degree for one third (33.4%), a certificate slightly more than half (52.9%), and a high school diploma or equivalent for 4.2%.

Education characteristics of Washington's MA-Cs by ACH region are detailed in **Appendix Table A3.**

Table 3: Education Background of MA-Cs in Washington

Where highest level of MA education was completed	
Washington State	84.5%
Another US State	14.3%
Outside the US	1.2%
Highest academic achievement in any field	
High school diploma or equivalent	4.2%
Certificate	52.9%
Associate degree	33.4%
Bachelor's degree	8.6%
Post-baccalaureate/graduate (Master's or Doctorate degree)	0.9%

Table 4: National Certification of MA-Cs in Washington

National Certification	
Any national certification reported	73.2%
No national certification reported	26. 8%
Certification, among MAs with national certification	
AAMA - American Association of Medical Assistants	55.0%
AMT - Registered Medical Assistant through the American Medical Technologists	8.1%
NHA - Clinical Medical Assistant certification through the National Health Career Association	5.0%
NCCT - National Center for Competency Testing	31.1%
Other	0.7%
No specific certification reported	0.1%

Table 5: Primary Work Location of MA-Cs in Washington

Primary work location	
Office associated with a hospital or health system	53.0%
Private office/clinic (solo provider or group practice, not part of hospital or health system)	25.3%
Community health center (i.e., Federally Qualified Health Center or clinic providing care free or sliding scale)	10.5%
Urgent care center	4.7%
Behavioral-mental health clinic/outpatient mental health or substance abuse clinic	1.1%
Clinical laboratory	0.4%
Correctional institution/facility (e.g., prison, jail)	0.4%
Other	4.8%

NATIONAL CERTIFICATION

Nearly three quarters (73.2%) of MA-Cs in Washington reported having a national MA certification (Table 4). The most common certification (55.0%) was with the American Association of Medical Assistants, followed by the National Center for Competency Testing (31.1%). Appendix Table A4 shows these findings by ACH.

PRACTICE CHARACTERISTICS

MA-Cs practicing in Washington reported having been practicing as an MA for an average of nine years, and 46% have practiced for five years or fewer (Appendix Table A4).

The majority (88.7%) of Washington's MA-Cs reported that their work location was a medical clinic (office/clinic associated with a hospital or health system; private office/clinic of a solo provider or group practice that was not part of a hospital or health system; or a community health center (i.e., FQHC) or clinic providing free care or sliding scale (Table 5). Other work locations included urgent care centers, behavioral-mental health clinic/outpatient mental health or substance abuse clinic and a variety of other settings.

Primary care/family medicine was the medical focus of one third of MA-Cs' primary work setting (34.6%) (Appendix Table A5). Many other medical specialties, including multiple specialties cited by individual respondents who indicated they worked as "floats", were selected at low frequencies.

Table 6: Primary Clinical Supervisor at Primary Work Location of MA-Cs in Washington

Primary clinical supervisor at primary work location	
Physician only	39.8%
Multiple supervisors, including physician	20.1%
Registered nurse only	17.9%
Advanced practice nurse practitioner only	4.7%
Physician assistant only	2.5%
Podiatrist only	1.0%
Naturopathic physician only	<1.0%
Optometrist only	<1.0%
Other	15.0%

Table 7: Regular Work Patterns of MA-Cs in Washington

Work hours/weeks	
Weeks worked in the past 12 months as a MA	46.2
Typical weekly work hours as a MA	37.9
Work in 2 locations as an MA	8.9%
Work in 3 or more locations as an MA	9.6%
Compensation for overtime	
Yes, receives overtime pay when working past set hours	82.5%
No, does not receive overtime	8.3%
N/A, does not work past set hours	9.3%

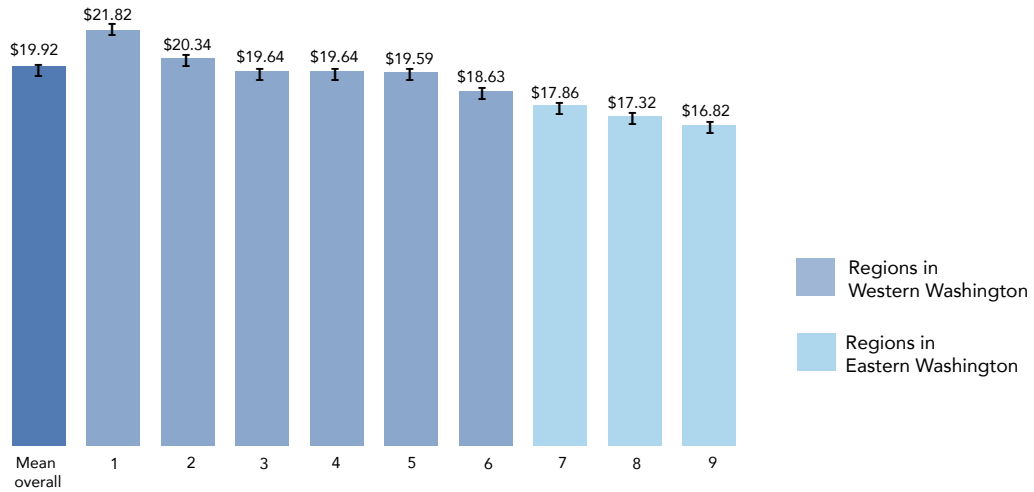
SUPERVISION

By statute, the required clinical supervision of MA-Cs in Washington State can only be provided by physicians, advanced registered nurse practitioners, physician assistants, optometrists, podiatric physicians, naturopathic physicians, or registered nurses. About three quarters (76.3%) of MA-Cs reported having just one clinical supervisor, 12.4% reported two, and 11.3% had three or more (Table 6). A majority (59.9%) of MA-Cs had a physician as a supervisor: 39.8% were supervised by only a physician and 20.1% had a physician among their supervisors. Registered nurses were the sole clinical supervisor named by 17.9% of MA-Cs. Ten percent of respondents cited as their sole clinical supervisor an occupation not among those authorized, including another MA (2.5%). Appendix Table A6 shows the occupations of supervisors reported by MA-Cs across the state's ACHs.

HOURS AND WAGES

MA-Cs in Washington worked, on average, 38 hours per week for 46 weeks a year (Table 7). Nearly one fifth (18.5%) worked in more than one location. The majority (90.8%) of MA-Cs reported they worked past set hours, and of these, most (91.1%) reported they received compensation for overtime. Appendix Table A7 shows MA-Cs' hours and weeks worked and income related findings by ACH.

Figure 3: Mean Hourly Wage* of MA-Cs Statewide, and by Accountable Community of Health (ACH)

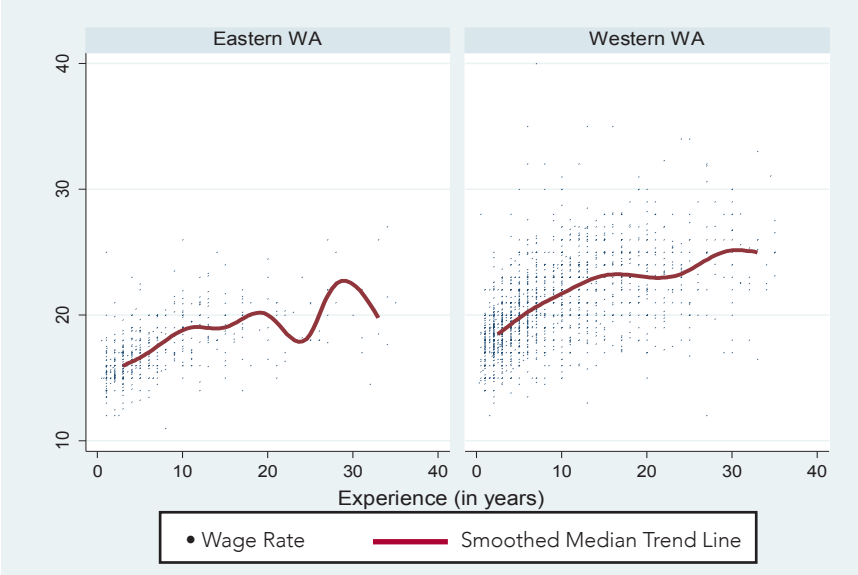


ACH: 1=**HealthierHere** (King County), 2=**North Sound** (Snohomish, Skagit, Island, San Juan, and Whatcom counties), 3=**Cascade Pacific Action Alliance** (Cowlitz, Grays Harbor, Lewis, Mason, Pacific, Thurston, and Wahkiakum counties), 4=**Pierce County ACH** is Pierce County, 5=**Southwest Washington Regional Health Alliance** (Clark, Klickitat, and Skamania counties), 6=**Olympic Community of Health** (Clallam, Jefferson and Kitsap counties), 7=**Better Health Together** (Adams, Ferry, Lincoln, Pend Oreille, Spokane, and Stevens counties), 8=**North Central** (Chelan, Douglas, Grant, and Okanogan counties), 9=**Greater Columbia** (Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Walla Walla, Whitman, and Yakima counties).
* 2 standard deviations indicated by error bars

The mean hourly wage reported by MA-Cs was $19.92, varying across ACHs from $16.82 to $21.82 (Figure 3). MA-Cs from regions in eastern Washington reported lower salaries than MA-Cs in western Washington.

Although data are sparse for MA-Cs in Eastern Washington with more years of experience, generally wages increase with more years of experience. The variation of wages is relatively narrow. As shown in **Figure 4**, average wages of MA-Cs in western Washington were consistently higher than in eastern Washington regardless of years of experience as an MA, although these wages were not adjusted for regional variation in the cost of living.

Figure 4: Hourly Wages of MA-Cs Practicing in Eastern vs. Western Washington, by Years of Experience

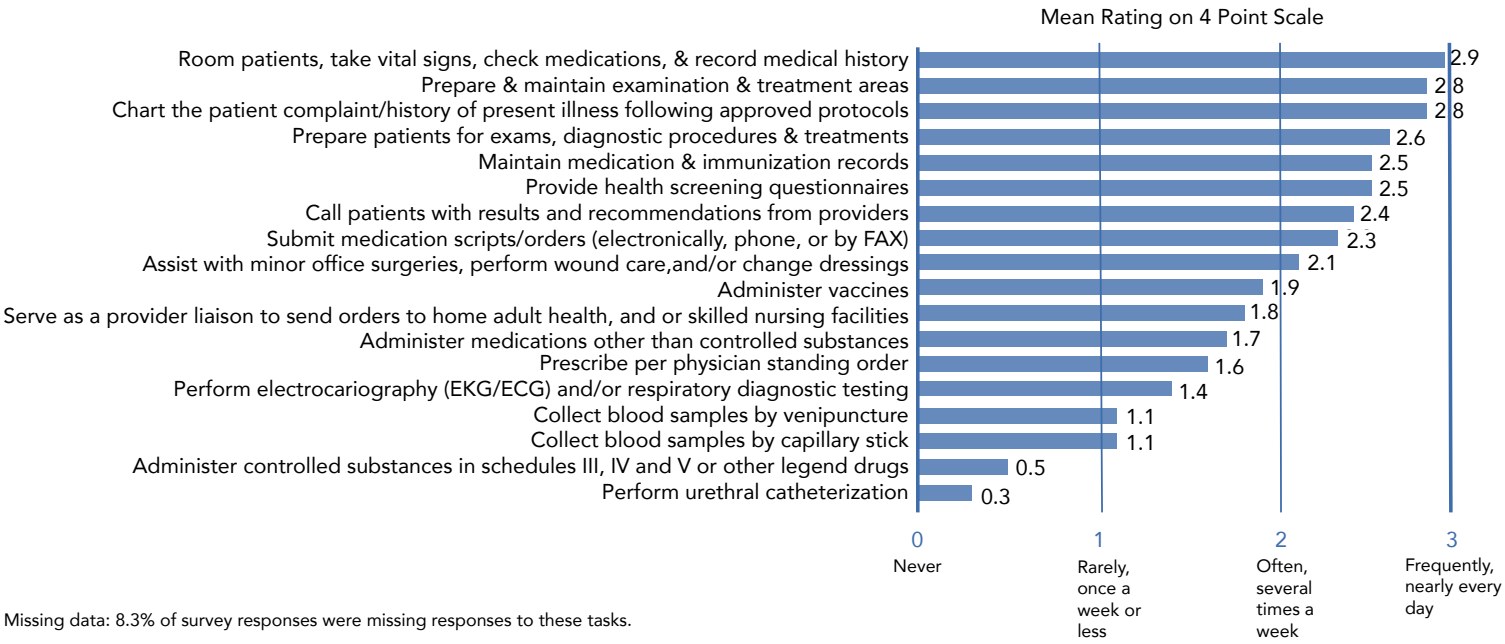


Note: Calculated using median spline

WORK TASKS AND ROLES

The mean frequency scores derived from MA-Cs reports of the frequency that they performed various patient care and clinical procedures and tasks are shown in **Figure 5**. The high scores for "room patients, take vital signs, check medications, and record medical history" indicates that most MA-Cs perform these tasks nearly every day. Tasks such as collecting blood samples (by venipuncture or by capillary stick), administering controlled substances, or performing urethral catheterization had lower mean frequency scores, indicating either that in general, MA-Cs perform these tasks infrequently, or a small percentage of MA-Cs perform them frequently.

Figure 5: Frequency that MA-Cs in Washington Perform Patient Care and Clinical Procedures/Tasks Each Week, Mean Rating



Missing data: 8.3% of survey responses were missing responses to these tasks.

Figure 6 displays the mean frequency scores for MA-Cs performance of patient coaching tasks. Coaching patients in preventive care and/or treatment plan compliance had the highest mean frequency score, followed by explaining the rationale for a clinical procedure.

Mean frequency scores for MA-Cs' performance of administration and insurance procedures are shown in **Figure 7**. The scores for all of these measures were less than 2.0.

Figure 6: Frequency that MA-Cs in Washington Perform Patient Coaching/Tasks Each Week, Mean Rating

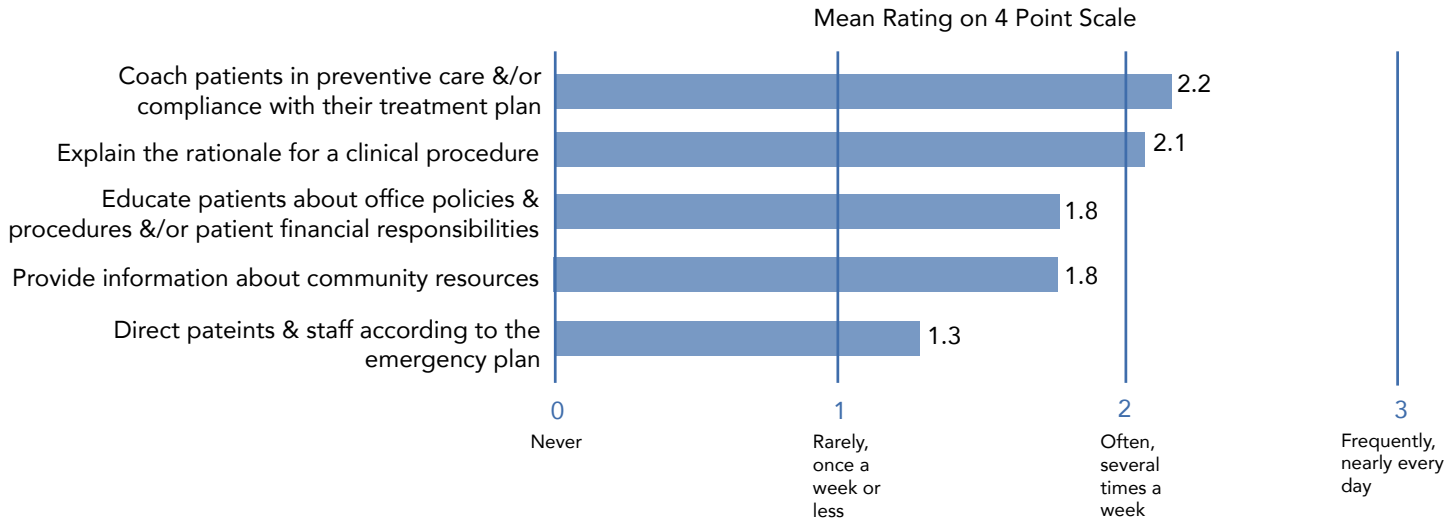
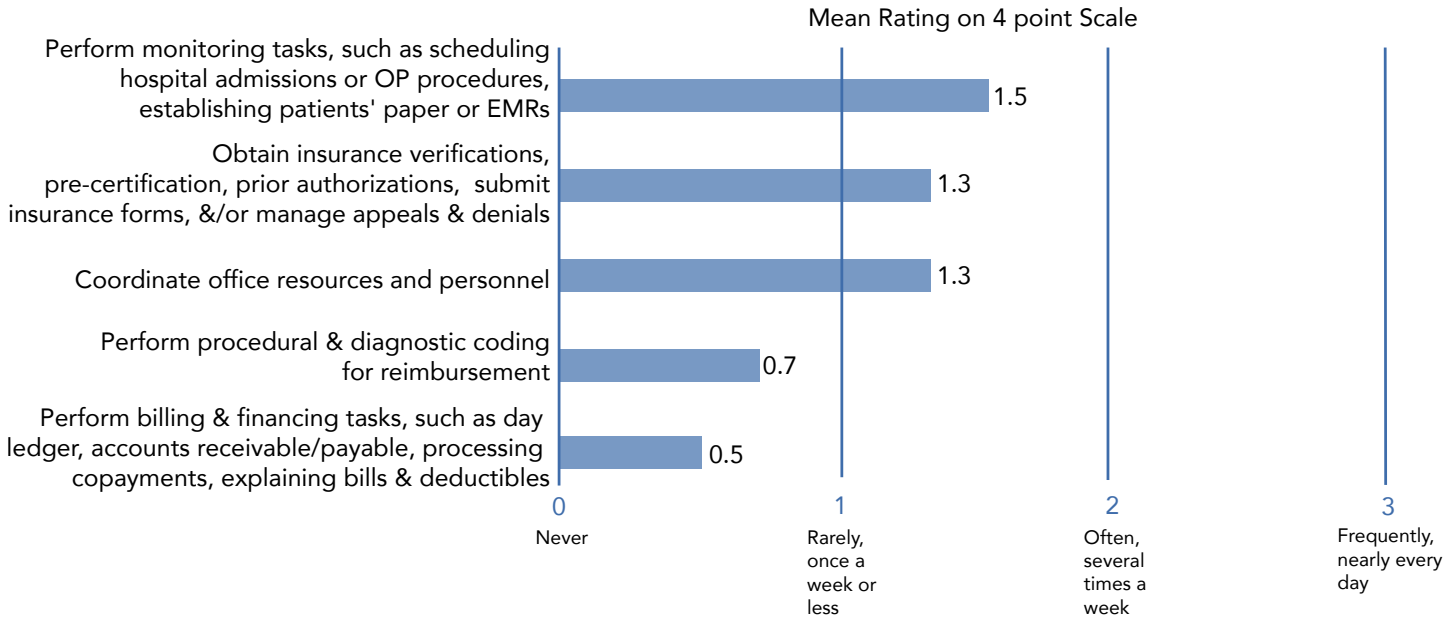


Figure 7: Frequency that MA-Cs in Washington Perform Administration and Insurance Procedures/Tasks each Week, Mean Rating



The frequency that MA-Cs in Washington perform clinic/office operations procedures/tasks each week are shown in **Figure 8**. Mean frequency scores were relatively similar for these clinic/office operations tasks, indicating they were generally performed once to several times a week.

From among a list of specific roles, duties and functions, MA-Cs most often indicated they had responsibility to work as a cross-trained float in their job (36.7%), followed by working in an integrated team care model (22.0%) (**Table 8**).

Figure 8: Frequency that MA-Cs in Washington Perform Clinic/Office Operations Procedures/Tasks each Week, Mean Rating

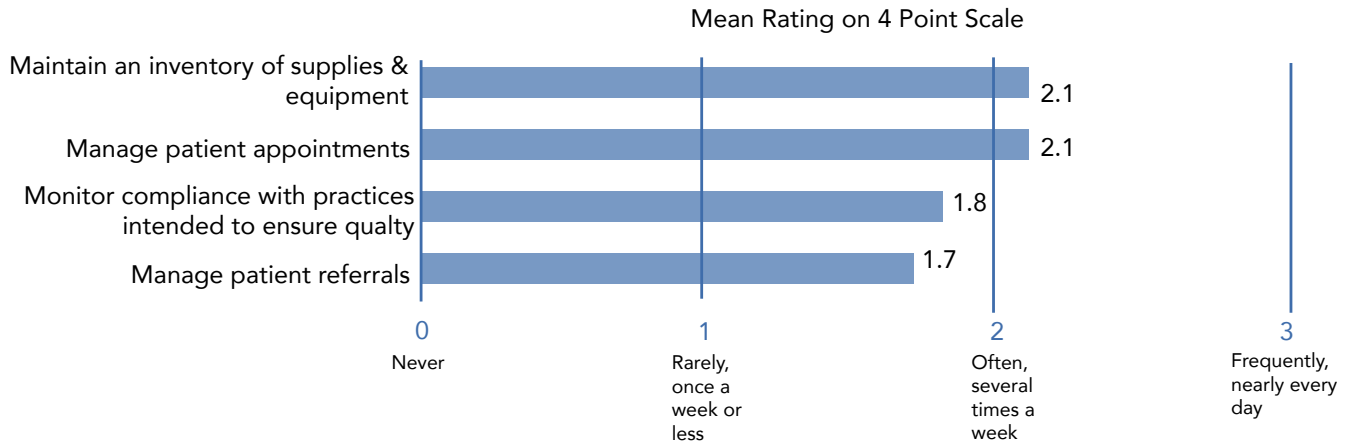


Table 8: Specific Roles/Duties/Functions Included Among the Job Responsibilitiesof MA-Cs' in Washington

Role/duties/functions included in job responsibilities*	
Cross-trained float	36.7%
Working in an integrated team care model	22.0%
Patient navigator	11.6%
Supervisor	10.3%
Flow manager	9.9%
Medical scribe	8.8%
Prevention counseling	7.5%
Case manager (e.g., diabetes, cancer)	6.0%
Dual role translator	5.5%
Patient panel manager	3.2%

*Total exceeds 100% because respondents could choose more than one response
Missing data: 10.6% of individuals did not respond to question on job responsibilities.

CAREER PATHWAYS

About one third (34.3%) of MA-Cs reported they had previously worked in another occupation before becoming an MA (**Table 9**). The most commonly cited prior occupation was nursing assistant-certified (32.9% of MA-Cs with prior healthcare jobs). Other prior occupations cited included home health care/personal care aide, phlebotomist, and EMT, among others. Nearly one quarter (23.8%) of MA-Cs indicated they were currently credentialed in another healthcare occupation in Washington, with nursing assistant-certified as the most commonly cited (25.2% of dually credentialed MA-Cs).

Table 9: Other Health-related Occupations Held by MA-Cs in Washington

Previous healthcare occupations	
Among all MA-Cs practicing in Washington:	
Previously worked in another healthcare occupation	34.3%
Among MA-Cs who have previously worked in another healthcare occupation:	
Number of years worked in another healthcare occupation:	
5 years or fewer	69.1%
6-10 years	17.7%
11-15 years	6.3%
16-20 years	4.5%
More than 20 years	2.4%
Healthcare occupations previously held*:	
Nursing assistant-certified	32.9%
Home health/home care/personal care aide	5.0%
Phlebotomists	4.7%
EMT	4.3%
Other	53.1%
Currently holding credential or license in another healthcare occupation	**23.8%**
Occupation credential currently held (among those dually credentialed):	
Nursing assistant-certified	25.2%
Phlebotomist	13.4%
X-ray technician	12.6%
Surgical technician	5.5%
EMT	4.2%
Radiological technician	1.9%
Other	37.2%

*Among MA-Cs previously employed in another healthcare occupation
Missing data: 5.1% did not respond to question on previously worked in another healthcare occupation; 1.3% did not respond to question on the number of years worked in another healthcare occupation; and 0.7% did not respond to question on healthcare occupations previously held by MACs.

COMMUTING

Comparing MA-Cs' residence location with work location, as assigned to ACH regions, provides a glimpse into the extent to which MA-Cs in Washington are, and are not, commuting from home to work across counties. King, the most populous ACH (and county) in the state, is where the majority of MA-Cs (94.2%) who live in that ACH work, and also draws to its workforce one quarter (24.6%) of the MA-Cs who live to the north in North Sound ACH and 28.2% of MA-Cs living just to the south in Pierce ACH. As a result of these commuting patterns (and smaller percentages to other ACHs) 74.4% of MA-Cs that live in North Sound work in that ACH, and 63.9% of MA-Cs living in Pierce work in that ACH.

Among the three ACHs in eastern Washington, the majority of MA-Cs live and work in the same ACH: 93.8% in North Central, 96.0% in Greater Columbia, and 97.4% in Better Health Together. These ACHs are composed of multiple counties and MA-Cs in them may be commuting longer distances within their ACH than those who commute between regions.

Table 10: Accountable Community of Health (ACH) of MA-Cs' Primary Work Location Compared with their Residence ACH *

	ACH of Primary Work Location								
ACH of residence	**Healthier-Here**	**North Sound**	**Cascade Pacific Action Alliance**	**Pierce County ACH**	**South-west WA Regional Health Alliance**	**Olympic Community of Health**	**Better Health Together**	**North Central**	**Greater Columbia**
HealthierHere	***94.2%***	2.2%	<1.0%	2.2%	<1.0%	<1.0%	<1.0%	<1.0%	<1.0%
North Sound	24.6%	***74.4%***	<1.0%	<1.0%	<1.0%	<1.0%	<1.0%	<1.0%	<1.0%
Cascade Pacific Action Alliance	1.7%	1.1%	***88.9%***	4.4%	2.8%	1.1%	<1.0%	<1.0%	<1.0%
Pierce County ACH	28.2%	<1.0%	5.6%	***63.9%***	<1.0%	1.6%	<1.0%	<1.0%	<1.0%
Southwest WA Regional Health Alliance	<1.0%	<1.0%	1.4%	<1.0%	***97.3%***	<1.0%	<1.0%	<1.0%	<1.0%
Olympic Community of Health	4.2%	<1.0%	<1.0%	4.9%	<1.0%	***89.6%***	<1.0%	<1.0%	<1.0%
Better Health Together	<1.0%	<1.0%	<1.0%	<1.0%	<1.0%	<1.0%	***97.4%***	<1.0%	<1.0%
North Central	1.3%	<1.0%	<1.0%	<1.0%	<1.0%	<1.0%	1.3%	***93.8%***	3.8%
Greater Columbia	1.2%	<1.0%	<1.0%	<1.0%	<1.0%	<1.0%	<1.0%	<1.0%	***96.0%***

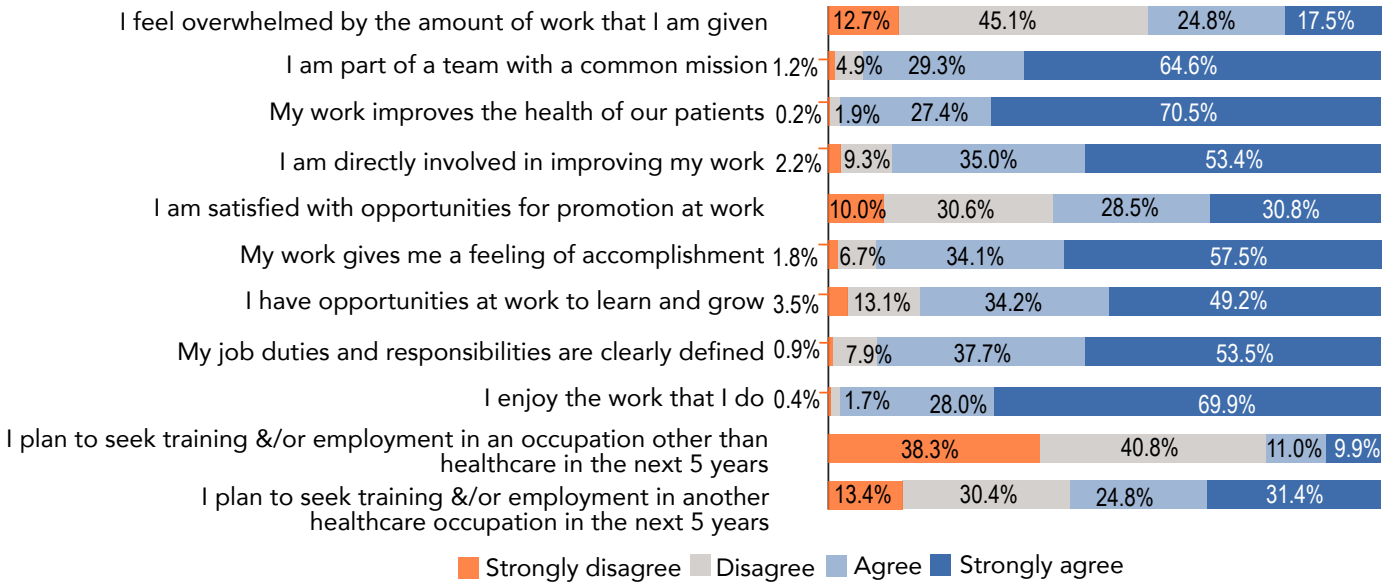
Counties comprising Accountable Communities of Health (ACHs): 1=**HealthierHere** is King County, 2=**North Sound** includes Snohomish, Skagit, Island, San Juan, and Whatcom counties, 3=**Cascade Pacific Action Alliance** includes Cowlitz, Grays Harbor, Lewis, Mason, Pacific, Thurston, and Wahkiakum counties, 4=**Pierce County ACH** is Pierce County, 5=**Southwest Washington Regional Health Alliance** includes Clark, Klickitat, and Skamania counties, 6=**Olympic Community of Health** includes Clallam, Jefferson and Kitsap counties, 7=**Better Health Together** includes Adams, Ferry, Lincoln, Pend Oreille, Spokane, and Stevens counties, 8=**North Central** includes Chelan, Douglas, Grant, and Okanogan counties, 9=**Greater Columbia** includes Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Walla Walla, Whitman, and Yakima counties.
*determined by assigning residence and primary work locations' ZIP code to county, and county assigned to Accountable Community of Health
Missing data: This table was constructed using data on 2,473 (87.0%) MAC survey respondents, who had data on both primary work location and area of residence.

CAREER AND JOB SATISFACTION

As shown in **Figure 9**, MA-Cs' responses to a series of questions related to career and job satisfaction were generally positive. Almost all agreed or strongly agreed with the statement "I enjoy the work that I do." Similar percentages were in agreement with "My work improves the health of our patients" and "I am part of a team with a common mission." More than half disagreed with the statement "I feel overwhelmed by the amount of work that I am given." The statement signaling the most dissatisfaction was "I am satisfied with opportunities for promotion at work" to which 40.6% of MA-Cs disagreed or strongly disagreed.

Other areas where some MA-Cs' dissatisfaction surfaced were related to wages and scope of practice, particularly in relation to other occupations with which they worked. An open ended request for comments at the end of the questionnaire yielded unstructured input from respondents. Of the 423 comments received, 182 (43%) indicated they felt MA pay was too low, exemplified by one comments such as "Medical assistants do not make enough money, I am forced to work two jobs and still can't afford to pay my student loans," and "An average MA-C in Washington could not live independently let alone support a family on an MA-C salary," and "I do not plan on continuing to work as a Medical Assistant for much longer. I feel that the amount of duties and responsibilities I perform on a daily basis is not reflected in my pay." Respondents also offered comments expressing dissatisfaction with the work environment (17%) of all open ended comments, such as "[MAs] have many responsibilities similar to nurses but don't get the recognition."

Figure 9: MA-Cs' Level of Agreement with Career and Job Related Statements (Statewide)



Missing data: Between 12.4% - 13.3% of respondents did not respond to one or more of these questions.

CAREER PLANS

When asked if they planned to seek training and/or employment in another healthcare occupation in the next five years, 56.2% of MA-Cs said they agree or strongly agreed with the statement. About a fifth (20.9%) of MA-Cs agreed or strongly agreed with a statement saying they planned to seek employment in an occupation other than in healthcare in the next five years.

As published by the authors, further analyses of the characteristics of MA-Cs associated with interest in leaving the MA field found that MA-Cs who were Hispanic ($p<.05$), Black ($p<.001$), or Asian ($p<.001$) were more likely than White MA-Cs to express interest in seeking training or employment in another occupation in healthcare (Skillman et al, 2018). In addition, older MA-Cs and those with more years of MA work experience were significantly less likely to indicate interest in leaving the profession (both $p<.001$). Those who agreed with "I am satisfied with opportunities for promotion at work" were significantly less likely to express interest in pursuing another healthcare occupation ($p<.001$), while agreeing with "I feel overwhelmed by the amount of work that I am given" was significantly associated with the interest ($p<.001$).

Desire, and need, to pursue other healthcare occupations was frequently cited among the open-ended survey comments. "Medical Assisting in my opinion is not a career in which you can support a family as a single parent. After receiving my associate's degree in medical assisting I had to go back to school and I will soon be graduating from a nursing program. I wish there was more opportunities for growth and advancement within the [MA] scope." Career development solutions were proposed in the comments of multiple respondents, often through expedited pathway into nursing occupations: "It would be amazing if there was a program were we could earn a RN degree online [so] we can work and expand our education" and "I think it would be great if … a MA to LPN bridge [were offered] like they offer for LPN to RN bridge for schooling."

DISCUSSION

The MA occupation attracts a diverse workforce, requiring relatively short education requirements for this portal to healthcare careers. MA-Cs in Washington are generally quite satisfied with their work, but a majority indicate there is not adequate opportunity for professional growth within the occupation and many commented on dissatisfaction with MA wages. While wages were not statistically associated with MAs' interest in leaving the occupation, this is likely because of the narrow range of wages among Washington's MA-Cs. The open ended comments clearly showed that many MAs agree with the comment "I believe MA's are greatly under paid and under-appreciated for the much of the work that we do." Because of their low salaries and the few resources available, MA-Cs in Washington likely find it difficult to pursue the additional education and training needed to advance to other occupations, such as in nursing.

CONCLUSIONS

Washington State's credentialing processes for MAs and specification of their scopes of practice provided a study population that was relatively consistent in terms of practice and education/training characteristics, enhancing the generalizability of this study's findings to other states and MA populations. Studying Washington's MA-Cs provides insights as to how this growing occupation can be provided a more secure entry into, and progression among, healthcare careers, especially for diverse populations. More than half of Washington's MA-Cs were interested in leaving the occupation within five years in spite of the finding that nearly all agreed with the statement "I enjoy the work that I do." Providing clear career ladders (including routes to higher wages) and better workload management may improve retention of MAs in their occupation, benefiting the employee and protect employers' investments in these valuable members of the healthcare team.

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APPENDIX A: TABLES WITH ACH RESULTS

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Table A1: MA-Cs Credentialed in Washington and Survey Respondents, Statewide and by Accountable Community of Health (ACH)

	MA-Cs by Accountable Communities of Health									
	Total MA-C s	ACH 1	ACH 2	ACH 3	ACH 4	ACH 5	ACH 6	ACH 7	ACH 8	ACH 9
Demographics										
Number of credentialed MA-Cs*	15,789	4,050	3,036	1,186	1,731	1,159	791	1,335	528	1,633
Total survey respondents**	3,355	894	669	236	334	231	181	303	104	323
Respondents employed in a job requiring an MA credential***	2,841	848	403	185	194	156	144	247	77	255

Counties comprising Accountable Communities of Health (ACHs): 1=**HealthierHere** is King County, 2=**North Sound** includes Snohomish, Skagit, Island, San Juan, and Whatcom counties, 3=**Cascade Pacific Action Alliance** includes Cowlitz, Grays Harbor, Lewis, Mason, Pacific, Thurston, and Wahkiakum counties, 4=**Pierce County ACH** is Pierce County, 5=**Southwest Washington Regional Health Alliance** includes Clark, Klickitat, and Skamania counties, 6=**Olympic Community of Health** includes Clallam, Jefferson and Kitsap counties, 7=**Better Health Together** includes Adams, Ferry, Lincoln, Pend Oreille, Spokane, and Stevens counties, 8=**North Central** includes Chelan, Douglas, Grant, and Okanogan counties, 9=**Greater Columbia** includes Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Walla Walla, Whitman, and Yakima counties.

*From Washington Department of Health credential records. The number of MAs in each ACH is based on individuals' residence addresses. Some report addresses outside of Washington State. Thus, the sum of respondents by ACHs does not equal the credentialed total number of MA-Cs.

**Total includes respondents who reported residence county outside of Washington State. Numbers of respondents by ACH are based on residence county

***Total number of MA-Cs exceeds the sum of ACH numbers because some MA-Cs practice outside of Washington. ACH assignments are based on individuals' primary or secondary work ZIP codes in Washington State. Where both primary and secondary work locations were missing, ACH assignment was based on individuals' residence county information.

Table A2: Demographics and Household Composition of Practicing MA-Cs in Washington State

	MA-Cs by Accountable Communities of Health									
	Total MA-C s	ACH 1	ACH 2	ACH 3	ACH 4	ACH 5	ACH 6	ACH 7	ACH 8	ACH 9
Demographics										
Age (mean years)	38.0	38.5	37.9	38.0	37.4	39.4	40.4	39.1	37.8	35.6
Female (v. Male)	93.0%	90.6%	94.2%	95.1%	95.3%	92.8%	93.6%	91.3%	93.4%	93.6%
Hispanic (v. Non-Hispanic)	15.3%	13.5%	11.7%	7.5%	13.9%	10.9%	7.1%	7.9%	42.3%	35.8%
Race: White only	77.0%	64.1%	84.2%	87.0%	75.0%	85.7%	81.1%	91.3%	81.2%	84.0%
Black/African American only	5.4%	11.7%	2.5%	2.5%	13.6%	2.1%	1.6%	1.3%	1.4%	<1.0%
Asian only	7.8%	2.7%	3.3%	3.1%	8.0%	4.3%	5.5%	3.5%	7.2%	3.9%
Native American or Alaska Native	1.6%	19.2%	6.9%	3.7%	3.4%	4.3%	6.3%	1.7%	1.4%	2.2%
Native Hawaiian or Other Pacific Islander	2.2%	4.7%	2.8%	1.9%	9.1%	1.4%	7.9%	<1.0%	1.4%	<1.0%
More than one race	6.2%	7.8%	4.7%	2.5%	11.4%	2.9%	6.3%	1.7%	5.8%	3.5%
Household Composition										
Two adult household, with children	71.2%	69.3%	68.5%	70.3%	74.7%	74.4%	68.8%	69.2%	72.7%	69.4%
Two adult household, without children	10.1%	9.3%	13.9%	13.5%	11.3%	10.3%	15.3%	10.1%	5.2%	9.0%
Single adult household, with children	14.9%	17.1%	14.6%	13.0%	12.4%	12.2%	12.5%	17.4%	13.0%	15.7%
Single adult household, without children	3.9%	4.2%	3.0%	3.2%	1.5%	3.2%	3.5%	3.2%	9.1%	5.9%
Household Income										
Percent <$50,000/year	42.2%	36.6%	39.5%	38.6%	39.9%	43.4%	38.8%	49.1%	49.2%	53.4%
Percent $50-74,999/year	24.6%	24.3%	23.1%	27.8%	25.4%	21.3%	31.4%	26.3%	41.5%	22.8%
Percent ≥$75,000/year	33.2%	39.1%	37.5%	33.5%	34.7%	35.3%	29.8%	24.6%	9.2%	23.7%

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* MA-Cs working in a job requiring their MA credential in Washington

Missing data out of 2,841 MA-C respondents, statewide, by particular variables are as follows: age, 0%; sex, 1.7%; Hispanic, 13.4%; race, 12.3%%; household composition, 0%; household income, 15.8%.

Table A3: Education History of MA-Cs in Washington State

	MA-Cs Statewide*	ACH 1	ACH 2	ACH 3	ACH 4	ACH 5	ACH 6	ACH 7	ACH 8	ACH 9
MA education program completed										
MA program through a public community college or technical school	54.6%	52.3%	54.9%	61.4%	48.0%	47.9%	69.3%	51.3%	77.5%	59.2%
MA program through a private/ for-profit college or technical school	41.6%	43.0%	43.7%	31.9%	51.4%	51.4%	27.6%	43.9%	14.1%	35.2%
Other educational program through a college (e.g., nursing program or medical school in another country)	2.0%	2.9%	1.9%	<1.0%	<1.0%	2.1%	2.4%	1.3%	1.4%	3.0%
Apprenticeship program	2.0%	1.7%	1.6%	1.8%	1.1%	2.1%	<1.0%	2.6%	7.0%	3.0%
Military training or experience	2.6%	2.2%	2.5%	6.0%	3.4%	2.9%	4.7%	1.7%	<1.0%	1.7%
Other	2.2%	1.0%	<1.0%	<1.0%	1.1%	<1.0%	1.6%	1.3%	1.4%	3.0%
Where highest level of MA education was completed										
Washington State	84.5%	87.3%	88.7%	76.4%	88.0%	50.7%	87.3%	89.1%	93.0%	87.5%
Another US State	14.3%	10.1%	9.9%	23.0%	12.0%	49.3%	12.7%	10.9%	7.0%	12.1%
Outside the US	1.2%	2.6%	1.4%	<1.0%	<1.0%	<1.0%	<1.0%	<1.0%	<1.0%	0.4%
Highest academic achievement in any field										
High school diploma or equivalent	4.2%	4.5%	2.2%	2.4%	5.1%	4.3%	7.1%	4.4%	5.6%	3.5%
Certificate	52.9%	51.2%	57.7%	48.2%	68.2%	46.0%	50.4%	57.2%	42.3%	51.7%
Associate degree	33.4%	30.6%	31.8%	44.0%	18.8%	42.4%	33.1%	31.0%	47.9%	37.8%
Bachelor's degree	8.6%	11.3%	8.1%	5.4%	7.4%	7.2%	9.4%	7.4%	4.2%	6.5%
Post-baccalaureate/graduate (Master's or Doctorate degree)	<1.0%	2.5%	<1.0%	<1.0%	<1.0%	<1.0%	<1.0%	<1.0%	<1.0%	<1.0%

Counties comprising Accountable Communities of Health (ACHs): 1=**HealthierHere** is King County, 2=**North Sound** includes Snohomish, Skagit, Island, San Juan, and Whatcom counties, 3=**Cascade Pacific Action Alliance** includes Cowlitz, Grays Harbor, Lewis, Mason, Pacific, Thurston, and Wahkiakum counties, 4=**Pierce County ACH** is Pierce County, 5=**Southwest Washington Regional Health Alliance** includes Clark, Klickitat, and Skamania counties, 6=**Olympic Community of Health** includes Clallam, Jefferson and Kitsap counties, 7=**Better Health Together** includes Adams, Ferry, Lincoln, Pend Oreille, Spokane, and Stevens counties, 8=**North Central** includes Chelan, Douglas, Grant, and Okanogan counties, 9=**Greater Columbia** includes Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Walla Walla, Whitman, and Yakima counties.

* MA-Cs working in a job requiring their MA credential in Washington

Missing data on particular variables among statewide MA-C respondents are as follows: MA education completed, 11.9%; where highest level of MA education completed, 12.2%; highest academic degree in any field, 12.6%.

Table A4: Practice History and National Certification of MA-Cs in Washington State

	MA-Cs Statewide*	ACH 1	ACH 2	ACH 3	ACH 4	ACH 5	ACH 6	ACH 7	ACH 8	ACH 9
Years practicing as an MA										
Overall (mean years)	9.0	9.5	8.7	8.9	9.6	9.6	10.1	9.9	6.9	7.0
5 years or fewer	45.6%	42.5%	48.3%	45.4%	38.5%	42.8%	41.9%	41.9%	57.1%	57.5%
6-10 years	22.7%	23.8%	21.5%	23.6%	20.9%	21.1%	19.9%	20.8%	26.0%	24.9%
11-15 years	13.9%	14.5%	12.5%	12.6%	19.8%	14.5%	15.4%	18.6%	7.8%	6.9%
16-20 years	8.6%	9.8%	8.8%	8.0%	11.2%	11.8%	9.6%	6.8%	5.2%	4.3%
More than 20 years	9.3%	9.3%	9.0%	10.3%	9.6%	9.9%	13.2%	11.9%	3.9%	6.4%
Practicing in Washington (mean years)	8.2	8.8	7.9	8.0	8.7	7.7	9.3	9.3	6.7	6.5
National Certification										
Any national certification reported	73.2%	70.4%	75.1%	72.6%	60.1%	70.3%	76%	84.7%	64.3%	77.5%
No national certification reported	26.8%	29.6%	24.9%	27.4%	39.9%	29.7%	24%	15.3%	35.7%	22.5%
Certification, among MAs with national certification										
AAMA	55.0%	61.9%	57.0%	48.7%	35.0%	45.7%	50.0%	64.7%	55.6%	41.5%
AMT	8.1%	12.2%	5.3%	12.6%	10.7%	2.1%	1.1%	4.2%	11.1%	5.7%
NHA	5.0%	3.8%	1.1%	3.4%	5.8%	7.4%	4.3%	12.6%	6.7%	7.4%
NCCT	31.1%	20.8%	35.8%	34.5%	46.6%	44.7%	42.6%	18.4%	26.7%	45.5%
Other	<1.0%	1.3%	<1.0%	<1.0%	1.9%	<1.0%	2.1%	<1.0%	<1.0%	<1.0%
No specific certification reported	<1.0%	<1.0%	<1.0%	<1.0%	<1.0%	<1.0%	<1.0%	<1.0%	<1.0%	<1.0%

Counties comprising Accountable Communities of Health (ACHs): 1=**HealthierHere** is King County, 2=**North Sound** includes Snohomish, Skagit, Island, San Juan, and Whatcom counties, 3=**Cascade Pacific Action Alliance** includes Cowlitz, Grays Harbor, Lewis, Mason, Pacific, Thurston, and Wahkiakum counties, 4=**Pierce County ACH** is Pierce County, 5=**Southwest Washington Regional Health Alliance** includes Clark, Klickitat, and Skamania counties, 6=**Olympic Community of Health** includes Clallam, Jefferson and Kitsap counties, 7=**Better Health Together** includes Adams, Ferry, Lincoln, Pend Oreille, Spokane, and Stevens counties, 8=**North Central** includes Chelan, Douglas, Grant, and Okanogan counties, 9=**Greater Columbia** includes Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Walla Walla, Whitman, and Yakima counties.

AAMA=American Association of Medical Assistants; AMT=Registered Medical Assistant through the American Medical Technologists; NHA=Clinical Medical Assistant certification through the National Health Career Association; NCCT=National Center for Competency Testing

* MA-Cs working in a job requiring their MA credential in Washington

Missing data on particular variables among statewide MA-C respondents are as follows: years practicing as an MA, 7.5%; years practicing as an MA in WA, 7.8%; national certification, 12.8%; specific national certification, 1.2%.

Table A5: Practice Characteristics of MA-Cs in Washington State

	MA-Cs Statewide*	ACH 1	ACH 2	ACH 3	ACH 4	ACH 5	ACH 6	ACH 7	ACH 8	ACH 9
Primary work location										
Office associated with a hospital or health system	53.0%	60.7%	49.7%	47.8%	42.5%	50.3%	40.6%	50.8%	63.6%	50.6%
Private office/clinic (solo provider or group practice, not part of hospital or health system)	25.3%	19.5%	26.9%	30.4%	37.3%	32.3%	39.9%	22.8%	9.1%	26.1%
Community health center (i.e., Federally Qualified Health Center or clinic providing care free or sliding scale)	10.5%	10.2%	10.3%	11.4%	6.7%	5.8%	11.9%	13.8%	24.7%	10.3%
Urgent care center	4.7%	4.4%	6.0%	4.3%	2.6%	6.5%	<1.0%	7.7%	<1.0%	4.3%
Behavioral-mental health clinic/ outpatient mental health or substance abuse clinic	1.1%	<1.0%	1.5%	1.1%	1.6%	1.3%	4.9%	<1.0%	<1.0%	1.6%
Clinical laboratory	<1.0%	<1.0%	<1.0%	<1.0%	<1.0%	<1.0%	<1.0%	<1.0%	<1.0%	<1.0%
Correctional institution/facility (e.g., prison, jail)	<1.0%	<1.0%	<1.0%	<1.0%	<1.0%	<1.0%	<1.0%	<1.0%	<1.0%	<1.0%
Other	4.8%	4.9%	4.8%	4.9%	8.3%	3.2%	1.4%	3.7%	1.3%	5.5%
Main medical focus of primary work location										
Primary care/family medicine	34.6%	30.4%	36.5%	50.6%	33.7%	26.3%	40.3%	37.7%	54.1%	33.6%
Pediatrics	6.5%	6.5%	6.4%	8.3%	7.5%	3.9%	4.3%	5.5%	2.7%	6.9%
Urgent care/acute care medicine	5.9%	5.5%	7.9%	3.9%	2.1%	7.9%	2.9%	8.5%	<1.0%	6.5%
Internal medicine	5.6%	6.9%	7.1%	2.2%	2.1%	5.3%	5.0%	5.1%	4.1%	4.5%
Obstetrics and gynecology	5.4%	6.3%	4.6%	3.3%	5.9%	7.2%	3.6%	6.8%	1.4%	3.6%
Orthopedics	4.4%	4.9%	3.8%	5.6%	4.8%	5.3%	5.8%	3.4%	5.4%	3.6%
Cardiology	3.3%	3.0%	2.3%	3.3%	3.2%	3.9%	2.2%	8.1%	4.1%	1.6%
Other (including multispecialty)	34.3%	36.5%	31.4%	22.8%	40.6%	40.1%	36.0%	25.0%	28.4%	39.7%

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* MA-Cs working in a job requiring their MA credential in Washington

Missing data on particular variables among statewide MA-C respondents are as follows: primary work location, 2.9%; main medical focus of primary work location, 5.8%.

Other included urgent care/acute care medicine (not emergency), podiatry, optometry, occupational health, dermatology, geriatric medicine, endocrinology/kidney center, mental/ behavioral health, laboratory/phlebotomy, allergy/asthma/immunology, non-clinical (teaching, admin), including multispecialty.

Table A6: Supervision of MA-Cs in Washington State

	MA-C s Statewide*	ACH 1	ACH 2	ACH 3	ACH 4	ACH 5	ACH 6	ACH 7	ACH 8	ACH 9
Primary clinical supervisor at primary work location										
Physician only	39.8%	36.7%	33.2%	43.4%	38.7%	35.9%	44.1%	36.7%	42.9%	39.4%
Multiple supervisors, including physician	20.1%	27.5%	28.7%	23.6%	34.0%	28.8%	30.1%	28.2%	27.3%	25.5%
Registered nurse only	17.9%	18.7%	15.7%	14.8%	12.4%	17.9%	9.8%	15.1%	13.0%	18.3%
Advanced practice nurse practitioner only	4.7%	3.6%	5.1%	4.4%	1.5%	3.2%	2.8%	5.7%	5.2%	7.6%
Physician assistant only	2.5%	1.1%	2.8%	3.8%	<1.0%	3.2%	2.1%	5.3%	2.6%	2.8%
Podiatrist only	1.0%	1.1%	1.3%	<1.0%	1.0%	1.9%	1.4%	<1.0%	<1.0%	<1.0%
Naturopathic physician only	<1.0%	<1.0%	1.3%	<1.0%	1.0%	<1.0%	<1.0%	<1.0%	<1.0%	<1.0%
Optometrist only	<1.0%	<1.0%	<1.0%	<1.0%	<1.0%	<1.0%	<1.0%	<1.0%	1.3%	<1.0%
Other	15.0%	11.0%	11.9%	9.3%	11.3%	8.3%	9.1%	9.0%	7.8%	4.8%

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* MA-Cs working in a job requiring their MA credential in Washington
Missing data on particular variables among statewide MA-C respondents are as follows: primary clinical supervisor at primary work location, 3.2%.
Other included office managers, medical doctors, clinic supervisors, and registered nurses, among others.

Table A7: Hours, Wages and Overtime Pay of MA-Cs in Washington State

	MA-Cs Statewide*	ACH 1	ACH 2	ACH 3	ACH 4	ACH 5	ACH 6	ACH 7	ACH 8	ACH 9
Work hours/weeks										
Weeks worked in the past 12 months as a MA	46.2	46.3	46.3	46.6	47.2	47.8	45.5	47.5	48.9	45.0
Typical weekly work hours as a MA	37.9	38.3	37.0	36.9	38.4	37.8	38.5	38.9	38.5	37.3
Worked in 3 or more locations as a MA	9.6%	9.7%	9.9%	6.0%	15.5%	17.3%	5.6%	8.1%	2.6%	3.9%
Income										
Hourly wage (mean)**	$19.92	$21.82	$20.34	$19.64	$19.64	$19.59	$18.92	$17.86	$17.32	$16.82
Compensation for overtime										
Yes, receive overtime pay when work past set hours	82.5%	85.1%	75.6%	84.5%	79.2%	86.4%	80.7%	86.9%	85.5%	80.4%
No, do not receive overtime	8.3%	7.7%	11.0%	7.7%	10.4%	5.2%	9.3%	5.7%	9.2%	8.4%
N/A, does not work past set hours	9.3%	7.2%	13.3%	7.7%	10.4%	8.4%	10.0%	7.4%	5.3%	11.2%

Counties comprising Accountable Communities of Health (ACHs): 1=**HealthierHere** is King County, 2=**North Sound** includes Snohomish, Skagit, Island, San Juan, and Whatcom counties, 3=**Cascade Pacific Action Alliance** includes Cowlitz, Grays Harbor, Lewis, Mason, Pacific, Thurston, and Wahkiakum counties, 4=**Pierce County ACH** is Pierce County, 5=**Southwest Washington Regional Health Alliance** includes Clark, Klickitat, and Skamania counties, 6=**Olympic Community of Health** includes Clallam, Jefferson and Kitsap counties, 7=**Better Health Together** includes Adams, Ferry, Lincoln, Pend Oreille, Spokane, and Stevens counties, 8=**North Central** includes Chelan, Douglas, Grant, and Okanogan counties, 9=**Greater Columbia** includes Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Walla Walla, Whitman, and Yakima counties.
* MA-Cs working in a job requiring their MA credential in Washington
**Not including overtime
Missing data on particular variables among statewide MA-C respondents are as follows: weeks worked, 5.8%; typical weekly work hours, 3.2%; worked in 3 or more locations, ; hourly wage, 2.4%; overtime compensation, 4.3%.

Table A8: Percent of MA-Cs Agreement (Agree or Strongly Agree) with Career and Job-related Statements, Statewide and by Accountable Community of Health (ACH)

	Statewide MA-C s Respondents	ACH 1	ACH 2	ACH 3	ACH 4	ACH 5	ACH 6	ACH 7	ACH 8	ACH 9
I feel overwhelmed by the amount of work that I am given	42.3%	42.7%	43.5%	40.9%	47.1%	48.2%	43.7%	36.1%	46.5%	42.5%
I am part of a team with a common mission	93.9%	94.4%	94.4%	93.9%	92.0%	94.2%	94.4%	93.0%	94.4%	93.8%
My work improves the health of our patients	97.9%	99.0%	98.1%	95.7%	96.6%	97.2%	100.0%	96.1%	100.0%	98.3%
I am directly involved in improving my work	88.4%	90.2%	86.7%	85.4%	89.5%	83.7%	87.3%	86.6%	92.9%	92.5%
I am satisfied with opportunities for promotion at work	59.3%	63.0%	57.4%	56.4%	56.4%	53.9%	65.3%	56.5%	64.3%	58.9%
My work gives me a feeling of accomplishment	91.6%	92.0%	93.6%	90.2%	86.8%	96.5%	94.4%	89.2%	93.0%	90.7%
I have opportunities at work to learn and grow	83.4%	83.9%	84.3%	83.0%	78.2%	77.3%	84.1%	83.0%	97.2%	84.6%
My job duties and responsibilities are clearly defined	91.2%	91.4%	91.9%	90.2%	86.9%	88.7%	90.5%	92.6%	97.2%	91.6%
I enjoy the work that I do	97.9%	97.7%	99.7%	96.9%	98.3%	97.9%	98.4%	97.4%	98.6%	96.5%
I plan to seek training and/or employment in an occupation other than healthcare in the next 5 years	20.9%	23.2%	17.2%	19.5%	17.1%	22.5%	19.8%	15.6%	19.7%	24.6%
I plan to seek training and/or employment in another healthcare occupation in the next 5 years	56.2%	59.7%	51.0%	51.5%	60.3%	53.6%	41.3%	55.7%	43.7%	60.5%

Counties comprising Accountable Communities of Health (ACHs): 1=**HealthierHere** is King County, 2=**North Sound** includes Snohomish, Skagit, Island, San Juan, and Whatcom counties, 3=**Cascade Pacific Action Alliance** includes Cowlitz, Grays Harbor, Lewis, Mason, Pacific, Thurston, and Wahkiakum counties, 4=**Pierce County ACH** is Pierce County, 5=**Southwest Washington Regional Health Alliance** includes Clark, Klickitat, and Skamania counties, 6=**Olympic Community of Health** includes Clallam, Jefferson and Kitsap counties, 7=**Better Health Together** includes Adams, Ferry, Lincoln, Pend Oreille, Spokane, and Stevens counties, 8=**North Central** includes Chelan, Douglas, Grant, and Okanogan counties, 9=**Greater Columbia** includes Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Walla Walla, Whitman, and Yakima counties.

Missing data: 12.9%

Washington State Medical Assistant Survey

CENTER FOR HEALTH WORKFORCE STUDIES
UNIVERSITY of WASHINGTON

Medical Assistant Survey

Thank you for taking the time to complete this questionnaire! Your input will guide Medical Assistant education and inform workforce development.

Please indicate your responses by filling in the bubbles completely with black or blue ink.

Current job

Q1. Are you currently employed as a Medical Assistant, (in a job that requires you have a MA credential)?

① Yes (go to Q. 2)
② No

↓

Q1A. If no, why you are not working as a Medical Assistant?

① I am working in another position in healthcare
② I am working in another position not in healthcare
③ I am unemployed, but I am seeking work as a Medical Assistant
④ I am unemployed and I am not seeking work as a Medical Assistant
⑤ I'm retired

If you are not currently working as a Medical Assistant skip to Q21, page 6

Q2. In the past 12 months, approximately how many weeks did you work as a Medical Assistant? Do not include the number of weeks you take for vacation. For example, if you worked all year and took two weeks of vacation, you would have worked 50 weeks.

_____ weeks

Q3. During a typical work week, about how many total hours do you spend working as a Medical Assistant?

_____ hours per week

Q4. What are the ZIP codes (or town if you don't know the ZIP code) of the work location(s) where you are employed as a Medical Assistant?

Principal work location
ZIP code __ __ __ __ __
(or town _____)

Secondary work location (if applicable)
ZIP code __ __ __ __ __
(or town _____)

Q5. Do you work as a Medical Assistant in three or more locations?

① Yes
② No

Q6. Which one of the following best describes your primary work location? (Select one)

① Private office/clinic (solo provider or group practice, not part of hospital or health system)
② Community health center (i.e., Federally Qualified Health Center (FQHC) or clinic providing care free or sliding scale)
③ Office/clinic associated with a hospital or health system
④ Behavioral-mental health clinic/outpatient mental health or substance abuse clinic
⑤ Clinical laboratory
⑥ Urgent care center
⑦ Correctional institution/facility (e.g., prison, jail)
⑧ Other (specify _____)

Medical Assistant Survey

Q7. Select the main medical focus of your primary work setting. (Select one)

① Primary care/Family medicine
② Internal medicine
③ Pediatrics
④ Obstetrics and gynecology
⑤ Reproductive health care/Family planning
⑥ Orthopedics
⑦ Cardiology
⑧ Urgent care/Acute care medicine (not Emergency)
⑨ Podiatry
⑩ Optometry
⑪ Occupational health
⑫ Dermatology
⑬ Geriatric medicine
⑭ Endocrinology/Kidney Center
⑮ Mental/Behavioral health
⑯ Laboratory/Phlebotomy
⑰ Other (specify _____)

Q8. Which of the following healthcare practitioner(s) would you consider your primary clinical supervisor(s) at your primary work location? (Select all that apply)

☐ 1 Allopathic physician (MD) or Osteopathic physician (DO)
☐ 2 Advanced registered nurse practitioner (ARNP)
☐ 3 Physician assistant (PA)
☐ 4 Optometrist (OD)
☐ 5 Podiatric physician (DPM)
☐ 6 Naturopathic physician (ND)
☐ 7 Registered nurse (RN)
☐ 8 Other (specify _____)

Q9. What is your best estimate of your hourly rate of pay as a Medical Assistant (not including any overtime pay)?

$ _____per hour

Q10. Are you compensated for working overtime (work past set hours)?

① Yes, I receive overtime when I work past set hours
② No, I do not receive overtime
③ Not applicable, I do not work past set hours

Work History

NOTE: The occupation title Medical Assistant was adopted by the Washington Department of Health in July, 2013. Prior to that time, in Washington the occupation was titled Health Care Assistant. In your responses, please **include all of your employment as a Health Care Assistant** prior to July 2013 (if relevant) when answering the following questions about your work as a Medical Assistant.

Q11. How many total years have you practiced as a Medical Assistant?
(Include time in Washington as well as elsewhere)

_____ years as a Medical Assistant (use 0 if none)

Q12. How many total years have you practiced as a Medical Assistant in Washington?

_____ years in Washington as a Medical Assistant (use 0 if none)

Q13. Are you currently licensed or credentialed in another healthcare occupation in Washington?

① Yes → **Q13A. In what occupation?** _____
Q13B. For how many years? ___ ___ *use 2 digits*

② No

Q14. Have you previously worked in another healthcare occupation?

① Yes → **Q14A. In what occupation?** _____
Q14B. For how many years? ___ ___ *use 2 digits*

② No

Medical Assistant Survey

Current Duties

Q15. How often do you perform the following patient care and clinical procedures and tasks each week in your role as a Medical Assistant (as authorized and under any required supervision)? (Select one in each row)	Frequently (nearly every day)	Often (several times a week)	Rarely (once a week or less)	Never	Not applicable –I'm not authorized to perform
Room patients, take vital signs, check medications, and record medical history	3	2	1	0	○
Chart the patient complaint/history of present illness following approved protocols	3	2	1	0	○
Provide health screening questionnaires	3	2	1	0	○
Prepare and maintain examination and treatment areas	3	2	1	0	○
Prepare patients for examinations, diagnostic procedures and treatments	3	2	1	0	○
Assist with minor office surgeries, perform wound care and/or change dressings	3	2	1	0	○
Maintain medication and immunization records	3	2	1	0	○
Collect blood samples by capillary stick	3	2	1	0	○
Collect blood samples by venipuncture	3	2	1	0	○
Administer vaccines	3	2	1	0	○
Administer controlled substances in schedules III, IV and V or other legend drugs	3	2	1	0	○
Administer medications other than controlled substances (i.e., by oral, inhaled, suppository, optic instillation or by intramuscular, intradermal, subcutaneous, or intravenous injection routes)	3	2	1	0	○
Perform urethral catheterization	3	2	1	0	○
Perform electrocardiography (EKG/ECG) and/or respiratory diagnostic testing	3	2	1	0	○
Call patients with results and recommendations from providers	3	2	1	0	○
Submit medication scripts/orders (electronically, by phone, or by FAX)	3	2	1	0	○
Serve as a provider liaison to send orders to home health, adult health, and/or skilled nursing facilities	3	2	1	0	○
Prescribe per physician standing order	3	2	1	0	○

Medical Assistant Survey

Current Duties (*continued*)

Q16. How often do you perform the following <u>patient coaching procedures and tasks</u> each week in your role as a Medical Assistant? (Select one in each row)	**Frequently (nearly every day)**	**Often (several times a week)**	**Rarely (once a week or less)**	**Never**	**Not applicable –I'm not authorized to perform**
Coach patients in preventive care and/or compliance with their treatment plan	3	2	1	0	○
Provide information about community resources	3	2	1	0	○
Explain the rationale for a clinical procedure	3	2	1	0	○
Educate patients about office policies and procedures and/or patient financial responsibilities	3	2	1	0	○
Direct patients and staff according to the emergency plan	3	2	1	0	○

Q17. How often do you perform the following <u>administration and insurance procedures and tasks</u> each week in your role as a Medical Assistant? (Select one in each row)	**Frequently (nearly every day)**	**Often (several times a week)**	**Rarely (once a week or less)**	**Never**	**Not applicable –I'm not authorized to perform**
Coordinate office resources and personnel	3	2	1	0	○
Perform monitoring tasks, such as scheduling hospital admissions or outpatient procedures, establishing patients' paper or electronic medical records (EMRs)	3	2	1	0	○
Perform billing and financing tasks, such as day ledger, accounts receivable/payable, processing copayments, explaining bills and deductibles	3	2	1	0	○
Obtain insurance verifications, pre-certification, prior authorizations, submit insurance forms, and/or manage appeals and denials	3	2	1	0	○
Perform procedural and diagnostic coding for reimbursement	3	2	1	0	○

Q18. How often do you perform the following <u>clinic/office operations</u> each week in your role as a Medical Assistant? (Select one in each row)	**Frequently (nearly every day)**	**Often (several times a week)**	**Rarely (once a week or less)**	**Never**	**Not applicable –I'm not authorized to perform**
Manage patient appointments	3	2	1	0	○
Manage patient referrals	3	2	1	0	○
Monitor compliance with practices intended to ensure quality	3	2	1	0	○
Maintain an inventory of supplies and equipment	3	2	1	0	○

Medical Assistant Survey

Q19. Does your job include responsibilities for any of the following roles/duties/functions?
(Select all that apply)

- [1] Case manager (e.g., diabetes, cancer)
- [2] Cross-trained float
- [3] Dual role translator
- [4] Flow manager
- [5] Medical scribe
- [6] Patient panel manager
- [7] Patient navigator
- [8] Prevention counseling
- [9] Supervisor
- [10] Working in an integrated team care model (for example, behavioral health and primary care or oral health and primary care)

Career

Q20. Please rate your level of agreement with the following statements. (Select one in each row)	Strongly agree	Agree	Disagree	Strongly disagree
I enjoy the work that I do	(4)	(3)	(2)	(1)
My job duties and responsibilities are clearly defined	(4)	(3)	(2)	(1)
I have opportunities at work to learn and grow	(4)	(3)	(2)	(1)
My work gives me a feeling of accomplishment	(4)	(3)	(2)	(1)
I am satisfied with opportunities for promotion at work	(4)	(3)	(2)	(1)
I am directly involved in improving my work	(4)	(3)	(2)	(1)
My work improves the health of our patients	(4)	(3)	(2)	(1)
I am part of a team with a common mission	(4)	(3)	(2)	(1)
I feel overwhelmed by the amount of work that I am given	(4)	(3)	(2)	(1)
I plan to seek training and/or employment in another healthcare occupation, in the next 5 years	(4)	(3)	(2)	(1)
I plan to seek employment in an occupation other than in healthcare, in the next 5 years	(4)	(3)	(2)	(1)

Education/Training and Credentials

Q21. What is the highest academic degree you have earned in any field?

- (1) High school diploma or equivalent
- (2) Certificate
- (3) Associate degree
- (4) Bachelor's degree
- (5) Post-baccalaureate/graduate (Master's or Doctorate degree)

Q22. Where did you complete your highest level of education for Medical Assisting (i.e., Where was the education institution located)?

- (1) Washington State
- (2) Another US state
- (3) Outside the United States

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Medical Assistant Survey

Q23. Which of the following Medical Assistant educational programs have you completed? (Select all that apply)

- [1] Medical Assistant program through a public community college or technical school
- [2] Medical Assistant program through a private/for-profit college or technical school
- [3] Other educational program through a college (e.g., nursing program or medical school in another country)
- [4] Apprenticeship program
- [5] Military training or experience
- [6] Other (specify_____)
- [7] None

Q24. What year did you complete your highest level of education for Medical Assisting?

___ ___ ___ ___ (Enter a four digit year)

Q25. Do you hold a national Medical Assistant certification?

- (1) Yes → **Q25A. If yes, with which organization?**
  - (1) American Association of Medical Assistants (AAMA)
  - (2) Registered Medical Assistant certification examination through the American Medical Technologists (AMT)
  - (3) Clinical Medical Assistant certification examination through the National Healthcareer Association (NHA)
  - (4) National Center for Competency Testing (NCCT)
  - (5) Other (specify_____)
- (2) No

Demographics

Q26. What is your year of birth?

___ ___ ___ ___ (Enter your four digit year)

Q27. What is your sex?

- (1) Female
- (2) Male
- (3) Other

Q28. Are you Hispanic, Latino/a, or Spanish origin?

- (1) Yes, of Hispanic, Latino/a, or Spanish origin
- (2) No, not of Hispanic, Latino/a, or Spanish origin

Q29. What is your race? (Select all that apply)

- [1] White
- [2] Black or African American
- [3] American Indian or Alaska Native
- [4] Asian
- [5] Native Hawaiian or Other Pacific Islander

Q30. What is the size of your household? (Please remember to include yourself)

_____# adults

_____# children (17 years of age or younger)

Q31. What is your approximate annual household income (your income combined with other adults in your household)? (Select one)

- (1) Less than $20,000
- (2) $20,000 to $34,999
- (3) $35,000 to $49,999
- (4) $50,000 to $74,999
- (5) $75,000 to $99,999
- (6) $100,000 to 149,000
- (7) $150,000 or more

Thank you for participating in this important survey!

If you have any comments that you would like to share with us about the Medical Assistant workforce in Washington State, please write them below.

Please return your questionnaire in the envelope provided, or to SESRC, Washington State University, PO Box 64164-1801

CENTER FOR HEALTH WORKFORCE STUDIES
UNIVERSITY of WASHINGTON

For questions about this study, please contact Sue Skillman, University of Washington Center for Health Workforce Studies at skillman@uw.edu or at 206 543-3557