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 _____)

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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

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	○

Current Duties (*continued*)

Q16. How often do you perform the following patient coaching procedures and tasks 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 administration and insurance procedures and tasks 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 clinic/office operations 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	○

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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 <u>academic degree</u> you have earned in <u>any field</u>?

- (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 <u>highest level</u> 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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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

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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