



Medical Assistants' Role in Improving Preventive and Chronic Illness Care

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The *Annals of Family Medicine* encourages readers to develop a learning community of those seeking to improve health care and health through enhanced primary care. You can participate by conducting a RADICAL journal club and sharing the results of your discussions in the *Annals* online discussion for the featured articles. RADICAL is an acronym for Read, Ask, Discuss, Inquire, Collaborate, Act, and Learn. The word *radical* also indicates the need to engage diverse participants in thinking critically about important issues affecting primary care and then acting on those discussions.¹

How It Works

In each issue, the *Annals* selects an article or articles and provides discussion tips and questions. We encourage you to take a RADICAL approach to these materials and to post a summary of your conversation in our online discussion. (Open the article online and click on "TRACK Comments: Submit a response.") You can find discussion questions and more information online

at: <http://www.AnnFamMed.org/AJC/>.

CURRENT SELECTION

Articles for Discussion

1. Ferrer RL, Mody-Bailey P, Jaén CR, Gott S, Araujo S. A medical assistant-based program to promote health behaviors in primary care. *Ann Fam Med*. 2009; 7(6):504-512.
2. Gensichen JS, Jaeger C, Peitz M, et al. Health care assistants in primary care depression management: role perception, burdening factors, and disease conception. *Ann Fam Med*. 2009; 7(6):513-519.

DISCUSSION TIPS

Of the 417,000 medical assistants active in the United States in 2006, 62% worked in physician offices.²

Similar roles exist in other countries. Duties vary but typically are limited to medical care support functions. These 2 articles are relevant to efforts to improve the efficiency and effectiveness of team approaches to primary care by expanding the role of medical assistants. The articles present complementary but contrasting

perspectives of chronic illness and preventive care, qualitative and quantitative methods, and US and German social and health care system contexts.

DISCUSSION QUESTIONS

- What questions are addressed by these articles? How do the questions fit with what already is known on this topic?
- What is the relevance of the research questions for the current economic, practice improvement, and health care system reform efforts?
- How strong are the study designs for answering the questions?
- To what degree can the findings be accounted for by:
 1. How participants were selected?
 2. How outcomes were measured?
 3. Confounding (false attribution of causality because 2 variables discovered to be associated actually are associated with a 3rd factor)?
 4. Researcher bias?
 5. Chance?
- What are the main findings?
- To what extent do the characteristics of the person performing the expanded role affect how well things work? What evidence do these articles give to support or refute your opinion?
- How comparable are the study populations to your practice? What is your judgment about the transportability of the findings?
- How (if at all) could these studies change your practice?
- What important researchable questions remain?
- What are the implications of the findings for practice improvement and health care reform?

References

1. Stange KC, Miller WL, McLellan LA, et al. *Annals Journal Club: It's time to get RADICAL*. *Ann Fam Med*. 2006;4(3):196-197. <http://annfammed.org/cgi/content/full/4/3/196>.
2. Medical assistants. In: *Occupational Outlook Handbook, 2008-09 Edition*. Bureau of Labor Statistics. <http://www.bls.gov/oco/ocos164.htm>. Accessed Oct 14, 2009.