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## Apprenticeships can help alleviate shortages of medical assistants in health care industry

By [Michele Economou Ureste](#)

As noted in Gov. Rick Snyder's ambitious [Marshall Plan for Talent](#), Michigan will see a wave of job openings in the coming years — 811,055 through 2024, according to the Michigan Department of Technology, Management and Budget and the Bureau of Labor Market Information and Strategic Initiatives. Of those, 212,247 job openings will be in health care, and an anticipated 20,419 of those health care jobs to be in the medical assistant field.

The U.S. Bureau of Labor Statistics anticipates the need for MAs will grow by 23 percent through 2024. In Michigan alone, it is expected that 720 MA jobs will be added every year.

The health care industry, already experiencing a talent shortage, is unlikely to see relief without changes to how we generate and prepare talent for these necessary and promising careers. To that end, many health care employers in Michigan, and throughout the country, are embracing a proven model for talent development: registered apprenticeship.

### Proven model

Apprenticeship in the health care industry, specifically for MAs, has been proven as a successful solution for growing and retaining talent. [The Benefits and Costs of Apprenticeships: A Business Perspective](#) report highlights the benefits of such a program implemented at Dartmouth-Hitchcock Medical Center in Lebanon, N.H.

One cause for hesitation, voiced by some employers considering apprenticeship, is the initial investment in launching a program. According to the report, the average cost of the program was \$59,700 per apprentice. Of this cost, 70 percent accounted for wages and benefits, which would likewise be paid to an experienced, nonapprentice hire. Classroom training accounted for 15 percent of the investment.

This breakdown might imply that the cost of hiring an apprentice exceeds that of hiring an experienced MA, However, there are a few key issues to consider.

In most cases, it is (and will continue to be) difficult to find experienced MAs to hire (noting the data described above). To overcome the challenge of finding ready-made talent, Dartmouth-Hitchcock paid overtime to its providers to do MA-level work, costing an estimated \$24 additional per hour in labor costs over the average MA apprentice wage.

Implementing the program also reduced physician turnover, in this case, and likely for other health care organizations, by creating more balanced teams and a greater ability to schedule procedures and medications. Replacing a physician costs \$250,000, or about the cost of training four apprentices, which Dartmouth-Hitchcock has not had to do since implementing the program. Dartmouth-Hitchcock also has been able to significantly increase the number of booked hours.

Given the level of benefits in the program, the report estimated the program more than paid for itself (in tangible and intangible benefits), even when accounting for wages and benefits, by its third cohort.

## **MA apprenticeship in Michigan**

Several regions in Michigan have already experienced the benefits of launching MA apprenticeship programs. Grand Rapids **launched a program** in 2016 that is serving as a national model, from which the Lansing region has developed its own program earlier this year, with the support of Capital Area Health Alliance and partnership of Lansing Community College. Similarly, a large health care provider in Southeast Michigan just welcomed its first MA apprentices with the help of Henry Ford College, Oakland Community College and Oakland County Michigan Works!. Lansing Community College, Oakland Community College and Henry Ford College are part of the Advance Michigan Center for Apprenticeship Innovation, a DOL-funded initiative managed by WIN.

Though health care is not an industry that is typically associated with apprenticeship, the very nature of health care training makes apprenticeship a perfect fit for developing talent in this field.

Heather Keller is an apprenticeship coordinator for Henry Ford College, who partners with companies to implement apprenticeship programs as part of the **AMCAI initiative**.

"The medical profession already requires course work and field training, so the apprenticeship model is informally in action in this field," Keller said. "Translating that structure into a registered apprenticeship is fairly straightforward and could help offset costs if the apprenticeship qualifies for grant support from the Department of Labor and Michigan Works!."

This flexibility is also scalable, suited to both large health care systems, where many MA apprentices may be needed, and smaller, private practice offices where one MA apprentice could significantly increase the team's productivity.

## **Talent for today and tomorrow**

The flexibility and scalability of registered apprenticeship within the health care profession is a proven way to address the talent shortages providers of all sizes are up against, now and in the foreseeable future. As shown at Dartmouth-Hitchcock, and in Michigan-based programs, the benefits of positioning apprentices in the medical assistant role far outweigh the onset expense of implementing the program. Yet far too few health care providers have implemented such a program to fully address the need. To fill the 720 MA jobs expected to hit Michigan each year, we will need more providers to embrace new ways of creating the talent they need.

For more information about creating a registered apprenticeship program in any field, contact an AMCAI partner at [miapprenticeship.org/contact](https://miapprenticeship.org/contact). More information on apprenticeship is available at [MIApprenticeship.org](https://MIApprenticeship.org).

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