ACADEMIC PROGRAM REVIEW REPORT FORM AY2025-2026

Program(s) in the review: Medical Office Coding OEC, Medical Assisting OEC/AAS

Specialized Accrediting Agency (if applicable): Commission on Accreditation of Allied Health Education Programs upon the recommendation of the Medical Assisting Education Review Board (CAAHEP)

Campuses where the program is delivered: ☒**Anchorage** ☐**KOD** ☐**KPC** ☐**MSC** ☐**PWSC**

Year of last review: The Medical Office Coding OEC and Medical Assisting AAS were reviewed in AY2019-2020. The Medical Assisting OEC was implemented in Fall 2024 and has not been through the program review process.

Final decision from last review: Continuation

PROGRAM SECTION (Due on March 1)

Program Review Committee:

Bridgett Mayorga Acting Program Director Medical Assisting, Assistant Dean School of Allied Health Anchorage

1. Demonstrate that the program has responded to previous recommendations.

Recommendation 1: ***Investigate why the OEC has fewer graduates than the AAS, even though the OEC has more students.***

How do you know the recommendation has been successfully achieved? ***(2500 characters or less)***

Medical Assisting and Medical Office Coding do not require a degree or certificate to enter the workforce. Many students begin the Medical Office Coding OEC coursework and then pursue employment in the field prior to completion of the OEC. Until 2025, the Medical Assisting AAS degree required completion of the general education and prerequisite coursework prior to taking the specialized Medical Assisting program courses. The only option available to students was to complete the AAS degree in Medical Assisting, contributing to higher completion rates than the OEC.

Students do not need to be in the Medical Assisting AAS to take coursework in the Medical Office Coding OEC. However, students in the Medical Assisting OEC will often take one or two courses that are part of the Medical Office Coding OEC as a way to supplement professional experiences. This is another contibuting factor to the discrepancy between Medical Office Coding course enrollments and completion rates.

Actions taken to date ***(2500 characters or less)***

In AY 2025, the Medical Assisting program introduced an OEC in Medical Assisting. The new OEC allows students to complete coursework necessary to take the AAMA certification exam and begin employment in the field without having to complete the AAS. The development of the OEC was supported by our community partners as a way for UAA to provide the necessary education while decreasing time to completion. Medical Assisting has a high workforce demand in the State of Alaska, with many providers offering on the job training in an effort to offset this need. Students now have the ability to complete the OEC, begin working as a medical assistant and then return to complete a degree. The MA OEC provides flexibility to the student and supports the community workforce needs.

The Medical Office Coding OEC has added evening and alternate course offerings in an effort to provide greater flexibility to students and encourage completion of the OEC. Students in the OEC are often returning to UAA to complete additional training in an effort to support the needs of current employers. Flexible course offerings began in AY 2025. The program will continue to review data to provide evidence that this strategy has achieved the desired outcome.

Evidence of success to date *(2500 characters or less)*

The Medical Assisting OEC has only admitted 1 cohort to date. The program is currently working with Southcentral Foundation and Alaska Native Tribal Health Consortium to be recognized as a preferred educational provider for these facilities. The program is continuing to pursue additional partnerships to support enrollment in the available program options.

The Medical Office Coding OEC has seen increased enrollment. The change to non-traditional course times as well as all online synchronous and asynchronous courses should provide evidence of program growth and completion. The program will review the data next year in an effort to see progress.

Recommendation 2: Explore enhanced partnerships with the school districts.

How do you know the recommendation has been successfully achieved? *(2500 characters or less)*

The Medical Assisting program faculty has been actively involved in career exploration events with local high schools including: presentations to students at West High School's Medical Academy, Preview Day, involvement in the Della Keats summer program and the UAA Career Fair. The program has also been active in developing partnerships with Southcentral Foundation and Alaska Native Tribal Health Consortium to explore pathways to be the educational provider of choice. The program will continue to address this recommendation.

Actions taken to date *(2500 characters or less)*

The program has prioritized community involvement with an aim to increase awareness of the program. Targeted recruitment for the Program Advisory committee ensures members are linked to the Medical Assisting workforce and are able to provide valuable input for the program. The MA program director aims to invite personnel from area high schools to serve on the committee, in an effort to enhance relationships with local school districts.

Evidence of success to date *(2500 characters or less)*

While the Medical Office Coding program has experienced increased enrollments, it is challenging to determine causation for this increase. The intentional outreach to school districts may be a contributing factor and improved data collection on enrollment trends will continue to be explored.

Recommendation 3: Many of the courses are offered online and the program should explore greater collaboration across the three universities.

How do you know the recommendation has been successfully achieved? *(2500 characters or less)*

Medical Assisting is a high need workforce field in the state of Alaska. UAF, UAS and UAA all hold individual program accreditations from the national accrediting body, MAERB. Each program offers slightly different course content and curriulum. With these differences, aligment across programs becomes challenging. The MA program welcomes additional opportunities, supported by UA leadership, to explore opportunities for collaboration.

From the perspective of supporting students, the Medical Assisting OEC/AAS has worked with other UA programs to allow students to complete OEC/degree requirments on a different campus than UAA. This has allowed students to complete the necessary coursework for the OEC or the AAS degree without relocating from their home community.

The Medical Office Coding OEC has worked specifically with UAS to develop a pathway for the UAA OEC Medical Office Coding students to transfer into the UAS AAS in Health Information Management (HIMS). Collaboration efforts between the universities have continued to support medical office coding student enrollment in AAS degrees. Addtionally, a faculty member from the UAS program taught coursework offered in the Medical Office Coding OEC at UAA as a result of faculty change. The collaboration was successful and the program will look to offer collaborations again as needed.

Actions taken to date *(2500 characters or less)*

The program continues to seek collaboration across the UA System. MA A101 and MA A104 are taught across the system and students are able to take courses at any of the UA campuses. Enrollment in MA A101 has doubled since 2023-2024 and the program remains committed to supporting all students in these foundational courses.

Evidence of success to date *(2500 characters or less)*

Evidence of success to date remains largely anecdotal or in response to individual student situations. The MA program will continue to work with COH and UAA leadership to explore further collaborations across the UA system.

Recommendation 4: ***As the programs continue, the curriculum needs to be updated. The College of Health supports the program's desire to partner with other MAUs and community campuses in making these updates and revisions in a manner that is consistent with each program's specialized accreditation. While the need for medical assistants is strong enough to support three different programs, partnerships across programs could create efficiencies and greater opportunities for students.***

How do you know the recommendation has been successfully achieved? *(2500 characters or less)*

The Medical Assisting program completed a thorough curriulum review while developing the OEC. The program engaged recommendations from program faculty, students, the advisory board and community partners prior to initaing the development of the OEC in Medical Assisting. The new OEC in Medical Assisting represents a shift in curriculum, designed to meet the health workforce need and allow students to enter the workforce sooner. While the program's review process identified additional areas for collaboration among programs in the UA system, it also highlighted several barriers. While all three programs in the UA System are MAERB accredited, each has subtle differences that make partnerships across programs difficult. The vision for an integrated statewide Medical Assisting program continues to be a valuable consideration. A statewide program would create an efficient distribution of faculty and program resources, while creating greater opportunities for students. The MAERB curriculum required for all programs could allow for greater degree and certificate integration.

The Medical Office Coding program continues to work with our community campuses and MAU's to discuss opportunities to improve allocation of faculty resources and provide greater opportunities for students. Fall 2025 saw a UAS faculty teach a UAA section of MA 220 and MA A320 due to an unexpected faculty leave. This collaboration was an example of how resources could be shared between programs. The progam will continue to look for opportunities to collaborate and share resouces.

Actions taken to date *(2500 characters or less)*

The development of the OEC in Medical Assising was an important step to collaboration within the UA System. The OEC has allowed the Medical Assisting program to review similiaries in program content between other programs in the UA system. This review has higlighted common coursework among sysytem programs but also identified areas of misalignment and oportunities for improvement. Re-alignment could provide increased opportunity for students and enhanced faculty allocation across campuses.

Evidence of success to date *(2500 characters or less)*

To date, limited collaboration has occurred. While several students have worked across different campuses to complete the Medical Assisting program, additional opportunites for collaboration remain. The UAA program will continue to pursue opportunities to expand collaborations across the UA system.

2. **Demonstrate the centrality of the program to the mission, needs, and purposes of the university and the college/community campus. Include how the program is integrating (or planning to integrate) intentionally designed opportunities for students to develop the four core competencies (Effective Communication; Creative and Critical Thinking; Intercultural Fluency; and Personal, Professional, & Community Responsibility). *(3000 characters or less)***

The Medical Assisting program at UAA offers an OEC in Medical Office Coding and an OEC and AAS in Medical Assisting. Medical office coders work with medical records for statistical and reimbursement purposes. Medical assistants are multi-skilled allied health professionals specifically trained to work in ambulatory settings, such as physicians' offices, clinics and outpatient care centers. They perform administrative and clinical procedures. Upon successful completion of the Medical Office Coding OEC, students are able to sit for Certified Professional Coder examination from the American Academy of Professional Coders. Graduates of the Medical Assisting OEC are able to sit for the national Certified Medical Assisting examination offered by the American Association of Medical Assistants. The demand for medical assistants in Alaska is significant. Employment is expected to grow and the average number of annual openings is very high (+235 annually). There is also strong demand for medical office coders. These programs provide essential healthcare support services. They are central to the College of Health's mission to advance the health and well being of people and communities

3. **Demonstrate program quality and improvement through assessment and other indicators.**

   i. **OEC Medical Office Coding**

   - *1) Proficiency in the performance of Current Procedural Terminology (CPT) coding; 2) Proficiency in the performance of Healthcare Common Procedure Coding System (HCPCS) coding; 3) Proficiency in the performance of International Classification of Diseases, Clinical Modification diagnostic coding.*

Describe your key findings for these outcomes. (3500 characters or less)

The Medical Office Coding Assessment Plan was revised in AY 2022-2023. The new plan provided the program with data to ensure course and program improvements were effective. Evaluation of data in the 2024 Assessment Plan highlighted a decrease in student critical thinking from 80.5% (Spring 2023) to 74.4% in the Fall 2023 semester. To address this area of concern, case studies for applying CPT coding principles were added. Initial student success metrics are positive and the program will continue to monitor to determine instructional needs relating to the development of critical thinking skills.

All other SLOs were met and remain stable.

Describe actions taken to improve student learning for these outcomes. (3500 characters or less)

Based on the assessment data collected, the program made changes to the lecture content along with the addition of case studies to address the decrease in critical thinking skills. This practice led to an increase of 84.4% in the metric of clinical thinking for the Spring 2024 semester. The program has continued to monitor and new data will be reviewed for the AY2026 assessment cycle. All other metrics in Medical Office Coding remained stable.

Additionally, beginning in the Fall 2024, a student learning outcome was revised and changed to: Demonstrate appropriate cumulative knowledge and skill in the use of CPT, ICD-10, and HCPCS with a pass rate of 80% on the Final Comprehensive Exam for both MA A220 and MA A320. Medical Office Coding faculty will continue to report data to the Program Director within two weeks of the end of each semester.

Describe evidence that these actions are working. (3500 characters or less)

Initial pass rates on specific assessment measures indicate the content changes have improved student critical thinking skills. Additional monitoring of assessment data and pass rates will continue.

ii. OEC Medical Assisting

- *1) Demonstrate entry-level psychomotor, affective and cognitive curriculum content areas of medical assisting; 2) Exhibit professional and ethical behavior in the healthcare setting; 3) Demonstrate a commitment to the profession through the successful completion of the Medical Assisting practicum course.*

Describe your key findings for these outcomes. Programs may enter "See above" if there is a significant overlap of outcomes. (3500 characters or less)

The OEC in Medical Assisting began accepting students in 2025. Prior to that all students were enrolled in the AAS in Medical Assisting. The outcomes will be reviewed as part of the 2026 assessment cycle for UAA.

Describe actions taken to improve student learning for these outcomes. Programs may enter "See above" if there is a significant overlap of outcomes. (3500 characters or less)

Actions will be reviewed as part of the 2026 Assessment cycle.

Describe evidence that these actions are working. Programs may enter "See above" if there is a significant overlap of outcomes. (3500 characters or less)

Evidence will be reviewed as part of the 2026 Assessment cycle.

iii. AAS Medical Assisting

- *1) Demonstrate entry-level psychomotor, affective and cognitive curriculum content areas of medical assisting; 2) Exhibit professional and ethical behavior in the healthcare setting; 3) Show commitment to the profession through the successful completion of the Medical Assisting Practicum course.*

Describe your key findings for these outcomes. Programs may enter "See above" if there is a significant overlap of outcomes. (3500 characters or less)

The following outcomes were part of the 2024 Biennial PSLO Assessment Report:

1. Overall, the program prepared me very well to do entry-level medical assisting work: Exceeded faculty expectations
2. Accurately measure and record: Blood pressure, Temperature, Pulse, Respiration: Exceeded faculty expectations
3. Select proper sites for administering parenteral medication: Exceeded faculty expectations
4. Administer parenteral (excluding IV) medications: Exceeded faculty expectations
5. Had medical assisting knowledge appropriate to the level of training: Did not meet faculty expectations
6. Demonstrate empathy for patient's concerns: Did not meet faculty expectations
7. Respect [redacted] Did not meet faculty expectations
8. Overall, this graduate is a well-prepared employee: Did not meet faculty expectations
9. Demonstrate professional response(s) to ethical issues: Did not meet faculty expectations
10. The program prepared me to conduct myself in an ethical and professional manner: Exceed faculty expectations
11. Communicates effectively in a healthcare setting: Did not meet faculty expectations
12. Conduct themselves in an ethical and professional manner: Exceeded faculty expectations
13. Prepared and encouraged me to apply for and pass a professional credentialing exam: Exceeded faculty expectations
14. Exam Participation: Exceeded faculty expectations
15. Exam Passage: Exceeded faculty expectations

Describe actions taken to improve student learning for these outcomes. Programs may enter "See above" if there is a significant overlap of outcomes. (3500 characters or less)

Data for all metrics was collected, analyzed, and discussed with faculty, practicum clinical sites, employers, and advisory board members. The Program Director made adjustments to curriculum, course materials, and developed extra competencies, as needed. The Program Director continues to communicate with graduates to ensure exam participation and passage assistance is available and to help with transition to a successful employment experience. Some of the data collected is used for external accreditation annual reports. Additionally, with small cohort sizes, one response can have substantial impact on the metrics. This is the case for the six metrics that Did Not Meet Faculty Expectations. Review of data collected indicated that mastery of affective behaviors may be more challenging to students than psychomotor or entry level medical assisting skills

Describe evidence that these actions are working. Programs may enter "See above" if there is a significant overlap of outcomes. (3500 characters or less)

The new course materials and curriculum changes have provided positive student feedback. The program will be collecting and assessing the data as part of the biennial assessment report next fall and a more complete reflection of the effectiveness of the program actions will be possible. In conjunction with the institutional assessment process, the program also provides the external accreditor, MAERB, with an annual report. This report reflects a stable MA program exists and is successful at graduating competent entry-level medical assisting students for our community

b. Demonstrate program quality and improvement through other means, for example, maintaining specialized accreditation, using guidance from advisory boards/councils, responding to community partners and local needs, maintaining currency of the curriculum, implementing innovative program design, intentionally integrating high-impact teaching and learning practices into the program, and

meeting indications of quality in distance education, such as the C-RAC Standards. *(3500 characters or less)*

The Medical Assisting program went through a self-study and highly successful accreditation site visit in October of 2024. The program received notification from the CAAHEP and MAERB that it received the full 10 year continuing accreditation status. There were no areas of non-compliance noted in the accreditation report. The program received high praise from the site visit team for its use of simulation to support student learning and skill development prior to the clinical practicum.

The programs advisory committee also provided feedback on the continued quality of program graduates and the responsiveness of the program to support the communities of interests.

c. **Demonstrate program quality and improvement through other means, for example, maintaining specialized accreditation, using guidance from advisory boards/councils, responding to community partners and local needs, maintaining currency of the curriculum, implementing innovative program design, intentionally integrating high-impact teaching and learning practices into the program, and meeting indications of quality in distance education, such as the C-RAC Standards. *(3500 characters or less)***

The Medical Assisting Program underwent a curriculum revision and implemented the OCE in Fall 2025. Medical Assistants are a high workforce demand and are able to be trained on the job. The shift to the OCE allowed students to complete the necessary specialized Medical Assisting coursework and begin working in the healthcare community. The AAS in Medical Assisting is then a pathway to allow students to return to UAA to complete the additional degree requirements and even move into other degree areas such as Nursing or Physician Assistant.

4. **Demonstrate student success and the closing of achievement gaps.**

a. **Analyze and respond to the disaggregated data in the data sheet for your program. Provide clarifications or explanations for any positive or negative trends indicated by the data, and discuss what you are doing to close any achievement gaps. The Student Success program review metrics are Junior Graduation Rate, Associate Graduation Rate, Semesters to Degree – Graduate Programs, and Course Pass Rates by Course Level. *(3500 characters or less)***

The OEC in Medical Assisting was developed in response to decrease in enrollment and graduation rates. An AAS is not required for entry level Medical Assistants. It is expected the shift to the OEC will show a positive trend with increased graduation rates as cohorts begin to reach completion. The program course pass rates have demonstrated an increase from 83% in 2023 to 86% in 2025. It is expected that this success rate will continue to remain stable. Ethnicity demonstrated across program courses is diverse. This represents a well around student population in the Medical Assisting and Medical Office Coding cohorts.

b. **Numerous US universities, and a number of programs across UAA, have holistically evaluated their programs and courses to look for unintended barriers to student success. For example, the Purdue IMPACT (Instruction Matters: Purdue Academic Course Transformation) effort between 2011 and 2018 resulted in 325 courses being redesigned to incorporate research-based strategies known to increase student outcomes, while maintaining academic quality and rigor. Other efforts have involved course sequencing and scheduling, resulting in improved success even for graduate students. Please consider your program's graduation rate, course pass rates, and similar data sources to reflect on any barriers to students moving through the curriculum, and describe what steps you have taken (or are planning to**

take) for possible redesign of gateway courses, course sequence changes, course scheduling, or similar efforts. ***(3500 characters or less)***

The OEC in Medical Assisting and Medical Office Coding are the result of curriculum redesigns that offer the necessary course work in a sequence and timeframe to support student achievement and success. The OEC's for both programs were designed to provide flexibility to students and improve completion and course pass rates.The program has also looked to provide flexible course schedules to optimize student enrollment. This includes offering courses outside the standard times as well as on weekends. The new course scheduling will be available in Fall 2026. The program will look at enrollment and completion data to determine successful achievement of this new format.

c. Provide evidence of the overall success of students in the program. For example, you might talk about the percent of students in post-graduation employment in the field or a related field, the percent of students who go on to graduate school or other post-graduation training, and/or the percent of students who pass licensure examinations. You might also give examples of students who have been selected for major scholarships or other competitive opportunities. [Please do not use personally identifiable information.] ***(3500 characters or less)***

While the program continues to pursue opportunities to increase enrollment, students completing the program have been successful in the workplace. The program retention rate for 2024 was 100%, the job placement was 85.71% and students had a 100% pass rate on the AAMA certification exam. Many students have returned to UAA to continue their education or to pursue an additional program. Medical Assisting graduates have returned to pursue degrees in Diagnostic Medical Sonography, Nursing and Physician Assistant.

5. Demonstrate demand for the program.

a. Analyze and respond to the data in the data sheet for your program. Provide clarifications or explanations for any positive or negative trends indicated by the data, and discuss what you are doing to improve. The Demand program review metrics are Ratio of Out-of-Discipline Credit Hours to Total Credit Hours, Number of Program Graduates Who Continue Education, and Number of Program Graduates Who Return to UAA to Pursue an Additional Program. ***(3500 characters or less)***

According to the State of Alaska Department of Labor, employment outlook for medical assistants is robust (minimum of 21% growth) with very high employment opportunities across the state. AThe targeted careers do not require a traditional two-year degree. The ratio of out-of-discipline credit hours to total credit hours has remained at 85-87% since 2022. The number of program graduates who continue education, and number of program graduates who return to UAA to pursue an additional program have both decreased in the past 2 years. The new OEC in Medical Assisting will allow an additional pathway to program completion and we anticipate improvements in the afore mentioned metrics. The program continues to consider ways to encourage students to continue their education through involvement in the AAMA society to ensure students aware of the importance of continued education and professional development.

6. Demonstrate program productivity and efficiency.

Analyze and respond to the data in the data sheet for your program. Provide clarifications or explanations for any positive or negative trends indicated by the data, and discuss what you are doing to improve. The Productivity and Efficiency program review metrics are Five Year Degree and/or Certificate Awards Trend,

Student Credit Hours per Full-Time Equivalent Faculty, and Full-Time Equivalent Student per Full-Time Equivalent Faculty. ***(3500 characters or less)***

Graduation rates for the programs have shown fluctuations through the years, likely associated with small cohort sizes and limitations associated with part time student status. Course pass rates are a strength of the coding OEC and the Medical Assisting AAS degree. Pass rates have remained relatively stable across lower division coursework and across all student groups. The ratio of out of discipline credit hours remains high, likely due to the requirement for MA 101 and MA 104 across many degree paths in the College of Health. Faculty equivalency to student contact hours and full time student to faculty equivalencies have increased significantly over the last five years, indicating faculty workload efficiency for the number of students and contact hours.

Optional: Discuss the extent to which, if any, extramural funding supports students, equipment, and faculty in the program. ***(3000 characters or less)***

7. **Assess program distinctiveness, as well as any duplication resulting from the existence of a similar program or programs elsewhere in the University of Alaska System. Is duplication justified, and, if so, why? How are you coordinating with UAA's community campuses and the other universities in the system?** ***(2500 characters or less)***

   The UAA Medical Assisting (MA) program is distinct in its role as the primary educator for Certified Medical Assistants (CMA-AAMA) in Southcentral Alaska, offering both an Occupational Endorsement Certificate (OEC) and an Associate of Applied Science (AAS) degree. Key distinctiveness includes a 100% alumni satisfaction rate over five years, higher-than-average CMA exam passage rates, and strong, direct connections to Anchorage area clinical sites (e.g., Southcentral Foundation, Providence). The program is characterized by its rigorous, CAAHEP-accredited curriculum, which incorporates interprofessional simulation experiences to prepare students for local, high-demand positions.

   While UAF and UAS also offer medical assisting programs, creating potential duplication, this is justified by the unique regional workforce needs and population densities across Alaska. The UA system serves distinct geographic student populations. The high demand for medical assistants in Alaska—estimated at 235+ openings annually—necessitates multiple programs, as UAA handles the high-volume needs of Southcentral Alaska.

   The UAA Program Director has engaged with counterparts at UAF and UAS to explore collaborative course offerings to leverage limited faculty resources. The biggest barrier to additional collaboration is the inconsistency of program curriculum. While the curriculum requirements are the same, the way the course material is separated over various programs is different. The MA programs in the University of Alaska System would benefit from a curriculum realignment. UAA works to streamline the acceptance of core courses (e.g., UAF's Essentials of Human Disease) to allow for easier transfer between campuses. A realignment and restructuring could be done to increase student enrollment and decrease faculty resource needs across the system.

8. **Assess the strengths of your program and propose one or two action steps to address areas that need improvement.** ***(4000 characters or less)***

   The UAA Medical Assisting program has a 100% job placement and 100% alumni satisfaction rate from the 2023 MAERB Annual Report. This showcases high relevance to Alaska's healthcare workforce needs and is a definite strength of the program. The program is accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) and Medical Assisting Education Review Board ensuring high

educational standards. The program received the maximum re-accreditation of 10 years during the program site visit and review in 2025. The curriculum effectively integrates simulation activities and clinical hands-on experience to provide a high quality education to all students. The OEC in Medical Assisting will allow students to complete the educational requirements to begin working but also allow students more flexibility to return to complete additional degrees at a later date.

The OEC in Medical Office Coding program offers a strong foundation through AAPC aligned training and prepares students for Certified Professional Coder (CPC) exams. The program has continued to grow as the demand for CPC in healthcare has grown. The program is offered hybrid online and provides flexibility for students.

Both programs would benefit from marketing effects to increase enrollment. The OEC for Medical Assisting is new, but many in the community are unaware of this opportunity. Concentrated efforts to work with our community partners would be beneficial. Southcentral Foundation (SCF) and ANTHC have both expressed a willingness to partner with UAA to support student enrollment. The program has been identified as an MA education provider of choice by SCF , allowing potential students to receive scholarships to attend the program at UAA.

The OEC in Medical Office Coding has seen an increase in enrollment. Again, a targeted marketing strategy could be beneficial as well. The OEC in Medical Office Coding is also adding an optional clinical practicum experience that will place students in the community and allow workforce opportunities for students ahead of completion.

9. **Over the past two years programs and colleges conducted a comprehensive review of all fees. Moving forward, per the UAA Course Fee Policy, programs conduct a comprehensive review and re-approval of all course fees as part of the cyclical Academic Program Review process. The college's strategic budget officer will conduct a review, and the dean will review the results and work with the program on any changes. The authorized lead, per the Course Fee Policy, will submit forms for each fee, whether to delete, retain, or change the fee. Forms are due to OAA by the regular February 15 deadline.**

   What was the general outcome of the comprehensive fee review? ***(2500 characters or less)***

   Course fees for the programs have been reviewed. No increase in course fees was needed.

Committee chair first name last name: Bridgett Mayorga **Date:** 3/26/2026

END OF PROGRAM SECTION

DEAN SECTION (Due on April 1)

1. **Evaluation of Progress on Previous Recommendations**

   For each recommendation from the last program review, indicate if the recommendation has been met or has not been met and provide commendations and guidance as appropriate. ***(2500 characters or less for each recommendation)***

   Recommendation 1: Investigate why the OEC has fewer graduates than the AAS, even though the OEC has more students. Recommendation has been met.

Recommendation 2: Explore enhanced partnerships with the school districts. Recommendation has been met.

Continued work on this is recommended in the next program review cycle

Recommendation 3: Many of the courses are offered online and the program should explore greater collaboration across the three universities. Recommendation has been met.

Continued work on this is recommended in the next program review cycle

Recommendation 4: As the programs continue, the curriculum needs to be updated. The College of Health supports the program's desire to partner with other MAUs and community campuses in making these updates and revisions in a manner that is consistent with each program's specialized accreditation. While the need for medical assistants is strong enough to support three different programs, partnerships across programs could create efficiencies and greater opportunities for students. Recommendation has been met.

Provide your analysis of #2-8 below, based on the data provided and the program's responses above.

2. Centrality of the Program *(2000 characters or less)*

Medical Office Coding (OEC) and Medical Assisting (OEC/AAS) programs are well aliged with the missions of UAA and the College of Health (COH).

Effective Communication: Essential for patient intake, medical documentation, and interdisciplinary collaboration in healthcare settings.

Creative and Critical Thinking: Required for diagnostic coding accuracy and triaging patient needs in a fast-paced clinical environment. The utilization of case studies in Medical Office Coding contane was specifically intrduced to support the development of student's critical reaoning skills.

Intercultural Fluency: Crucial for providing equitable care to Alaska's diverse populations, including Alaska Native and rural communities. The MA program has been designated as an educator of choice by Southcentral Foundation and has goals to expand educational partnerships with ANTHC, and other tribal health organizations throughout the state.

Personal, Professional, and Community Responsibility: Focused on the ethical mandates of HIPAA, patient confidentiality, and the professional standards of a CMA (AAMA).

A primary mission of the College of Health is to "advance the health and well-being of Alaskans." These programs are central to this mission in meeting workforce needs across the state. By offering both an OEC (Occupational Endorsement Certificate) and an AAS (Associate of Applied Science), the program provides multiple entry and exit points for students, allowing them to enter the workforce quickly or pursue advanced clinical roles. The program's centrality is reinforced by its CAAHEP accreditation. By maintaining national standards, the program ensures that UAA remains a reputable provider of healthcare education that meets the strict certification requirements for the Certified Medical Assistant (CMA) exam.

3. Program Quality and Improvement *(2000 characters or less)*

For both Medical Office Coding and Medical Assisting, quality is tracked through an established schedule of assessment at both the univeristy level and through annual reports to the external accreditor. Student learning outcomes for both programs are assessed through well designed evaluation measures. Medical Assisting includes assessment of psychomotor skills, ethical behavior, and successful completion of a clinical

practicum. The program is commended for careful monitoring of assessment findings and when indicated, demonstrates a responsive and informed approach to curricular changes.

4. Student Success and the Closing of Achievement Gaps *(2000 characters or less)*

Both programs demonstrate strong pass rates and completion rates, although graduation data is limited given that an associates degree is not required for employment. A critical metric in considering student success is the pass rate on the Certified Medical Assistant (CMA) exam. High pass rates indicate that the program successfully prepares students for entry level clinical practice in the field of medical assisting. Employment data also indicates that students find jobs quickly and employers are satisfied with student's entry level skills.

5. **Demand *(2000 characters or less)***

The demand for the Medical Assisting and Medical Office Coding programs at UAA is driven by a critical, statewide shortage of healthcare workers and a high volume of local workforce vacancies.

According to the AY2025-2026 Program Review and state workforce data, the demand is analyzed through the following lenses:

1. Significant workforce need:

Job Growth: Employment for medical assistants in Alaska is projected to increase by 15% through 2033, a rate significantly higher than most other sectors.

High Vacancy Rates: Recent reports from the Alaska Hospital & Healthcare Association (AHHA) indicate that healthcare remains the state's largest economic sector, yet it faces a persistent gap: in 2022, Alaska programs graduated fewer than 900 healthcare workers for over 3,200 open positions.

Competitive Wages: Alaska is one of the highest-paying states for medical assistants, with an average annual wage of $52,530 (over 20% higher than the national mean), which continues to attract students to the field.

2. Strategic "Stepping Stone" Demand:

The UAA program experiences high demand because of its tiered credentialing structure. Many students enter via the Occupational Endorsement Certificate (OEC) to enter the workforce quickly (often in 10–12 months) and later return for the Associate of Applied Science (AAS) to increase their earning potential and professional capacity.

The program review tracks "out-of-discipline" credit hours, showing that multiple MA courses are frequently taken by students in other healthcare majors (like Nursing or Pre-Med) to gain foundational clinical skills. These foundational courses are graduation requirements for other UAA health degrees in preparing students to meet the healthcare needs of Alaska.

6. Productivity and Efficiency *(2000 characters or less)*

The productivity and efficiency of the Medical Office Coding OEC and Medical Assisting OEC/AAS programs are analyzed through five-year trends in degree awards and faculty-to-student ratios. Based on the program's report, the analysis is as follows:

- Graduation and Award Trends: The number of degrees and certificates awarded has fluctuated over the years. The program attributes these variations to small cohort sizes and the high number of students enrolled on a part-time basis.

- Instructional Efficiency: Faculty workload efficiency has increased significantly over the last five years. The Student Credit Hours (SCH) per Full-Time Equivalent (FTE) Faculty metric has seen a significant rise, indicating that faculty are managing more instructional hours relative to their numbers. The FTE Students per FTE Faculty metric has also increased, demonstrating that faculty are successfully supporting a larger volume of students.

- Course Pass Rates: High pass rates are a notable strength for the Medical Office Coding OEC and the Medical Assisting AAS degree. These rates have remained stable across all student groups and lower-division coursework.

- Service to Other Programs: The program maintains a high ratio of "out-of-discipline" credit hours, remaining between 85% and 87% since 2022. This indicates high efficiency as the program's foundational courses (MA 101 and MA 104) are required across many different degree paths within the College of Health.

7. Duplication and Distinctiveness *(2000 characters or less)*

While there is duplication with similar programs at UAF and UAS, UAA justifies this through regional workforce demand. There is support to consider a singular Medical Assisting program structure across all three campuses to further decrease faculty resource needs and increase overall system efficiency. The program is distinct in offering aligned credentials so that students can enter the workforce with the OEC and then return to complete additional undergraduate degrees.

8. Strengths and Ideas for Moving Forward *(2000 characters or less)*

Program Strengths

National Accreditation and Standards: The programs maintain specialized accreditation through CAAHEP, ensuring they meet rigorous national standards for medical assisting education.

Strong Workforce Alignment: The programs are highly responsive to Alaska’s critical healthcare worker shortage, with employment for medical assistants projected to grow by 15% through 2033.

Instructional Efficiency: Faculty productivity has increased significantly over the last five years, with notable rises in Student Credit Hours (SCH) per Full-Time Equivalent (FTE) Faculty and the ratio of FTE students to FTE faculty.

High Student Success Rates: Both programs demonstrate strong course pass rates that have remained stable across all student groups. High pass rates on the CMA exam further indicate successful preparation for entry-level clinical practice.

Flexible Credentialing: The tiered structure (OEC to AAS) provides students with multiple entry and exit points, allowing them to enter the workforce quickly or return for advanced clinical training.

Ideas for moving forward include:

Unified Program Structure: There is support to consider the exploration of a singular Medical Assisting program across the three University of Alaska campuses (UAA, UAF, and UAS) to decrease faculty resource needs, increase system-wide efficiency, optimize course delivery and enhance student opportunities

Enhanced K-12 Partnerships: There is a focused effort to explore and enhance partnerships with local school districts to build a more robust pipeline of students entering the healthcare field. This recommendation was addressed in this review cycle and additional opportunities will continue to be explored.

9. Comprehensive Fee Review *(2000 characters or less)*

The program completed a comprehensive review of fees and determined that fees were accurate and reflect the actual cost of program equipment and supplies.

Dean's Final Evaluation

I commend the program for: *(number and list the specific commendations in the narrative box, 2000-character limit)*

1. Successful Re-accreditation: The program is commended for receiving the maximum 10-year continuing accreditation status from CAAHEP and MAERB in 2025, with no areas of non-compliance noted.

2. Responsiveness to Workforce Needs: The program is commended for its strategic implementation of the Medical Assisting OEC in Fall 2024, providing a flexible "stepping stone" credential that allows students to enter the workforce quickly to meet high workforce demand.

3. Instructional Efficiency: The program has demonstrated significant growth in faculty workload efficiency over the last five years, specifically in Student Credit Hours (SCH) and FTE students per Full-Time Equivalent faculty.

4. Student Outcomes and Success: The program maintains a 100% job placement rate and 100% alumni satisfaction rate as of the 2023 MAERB report, alongside high pass rates on the CMA national certification exam.

5. Effective Use of Simulation: The program received high praise during its accreditation site visit for the innovative use of simulation to support student learning and skill development prior to clinical practicums.

6. Proactive Assessment Practices: The program is commended for its responsive approach to assessment data, such as adding case studies to improve critical thinking scores in the Medical Office Coding OEC when a downward trend was identified.

I recommend that the program: *(number and list the specific recommendations in the narrative box, 2000-character limit)*

1. System-wide Curriculum Realignment: With the support of UA and COH leadership, it is recommended that the program continue to lead efforts to align curriculum across the UA system (UAF, UAS, and UAA) to increase system wide efficiency.

2. Strengthen K-12 and Community Partnerships: The program should expand its current involvement with local school districts and tribal health organizations (like SCF and ANTHC) to establish UAA as the primary educational provider and build a more robust student pipeline. This could also include the implementation of a concentrated marketing plan to increase community awareness of the new OEC offerings and the flexible pathways available to prospective students.

3. Monitor New Scheduling Impacts: Following the implementation of flexible and non-traditional course scheduling in Fall 2026, it is recommended that the program collect and analyze enrollment and completion data to determine if these changes effectively support student achievement.

Dean's overall recommendation to the provost: Continuation -- Program is successfully serving its students and meeting its mission and goals. No immediate changes necessary, other than regular, ongoing program

improvements.

If an Interim Progress Report is proposed, recommended year: N/A

If a Follow-up Program Review is proposed, recommended year: N/A

Proposed next regular Program Review: AY2033

Dean first name last name: Jay Butler **Date:** 4/1/2026

END OF DEAN SECTION

PROGRAM OPTIONAL RESPONSE SECTION (Due within one week of receiving dean's review)

Are you submitting an optional response? If yes, add your response below, enter your name and date, and follow the guidance below for submission. If no, enter your name and date, and follow the guidance below for submission.

Select Yes or No.

Optional Response: ***(10,000 characters or less)***

No

Committee chair first name last name: Bridgett Mayorga **Date:** 4/9/2026

END OF PROGRAM OPTIONAL RESPONSE SECTION

PROVOST SECTION (Due on August 1)

Provost's commendations, additional or adjusted recommendations, if any, and other general comments ***(3500 characters or less)*****:**

I agree with the dean's many commendations, particularly the program's strategic implementation of the OEC Medical Assisting and the shifting of specialized accreditation to that credential.

I generally agree with the dean's recommendations, particularly the recommendation to increase enrollments through strengthening connections with K-12 and community partners. In particular, the program will want to consider further engagement with the Anchorage School District academies, as well as King Tech High School, with which there is already some career and technical articulation occurring.

While I generally agree with the dean's recommendations, I am changing the final decision relative to the AAS Medical Assisting. Given industry needs and student behaviors preferring a shorter-term credential and streamlined entry into the workforce, my decision is to suspend admissions to the AAS with intent to delete following teach out. I agree with the dean's decision of continuation for the OEC in Medical Assisting and the OEC in Medical Office Coding.

Finally, I want to thank the program for the comprehensive review of course fees as part of this Program Review process. The program retained all 4 course fees with no change in level. Controlling costs to students is a significant part of UAA's affordability initiative, and I wish to thank the program for its efforts in this area.

OEC (2) Provost's decision: Continuation -- Program is successfully serving its students and meeting its mission and goals. No immediate changes necessary, other than regular, ongoing program improvements.

AAS Provost's decision: Suspension with Intent to Delete -- Admissions to the program will be suspended, a teach-out process will be developed and communicated to majors, and the program will remain in the catalog until the teach-out process is complete.

Interim Progress Report: Select N/A or Academic Year.

Follow-up Program Review: Select N/A or Academic Year.

Next regular Program Review: AY2031

Provost's signature: DocuSigned by: Denise Runge AE7EE55F615543D...

Date: June 26, 2026