

NovDec 2022

Published by the American Association of Medical Assistants®

CMA^{CM}Today

DO THE WRITE THING



Brush
Up on the
Fundamentals
of Health
Care
Compliance

POPULATION HEALTH MODULE

*Developed by the Career Professional Development Committee
of the American Association of Medical Assistants®*



Career enhancement meets convenience.

Professional development at your pace.

The program includes six modules on population health topics:

- Population health overview
- Health coaching
- Care management programs
- Patient navigation
- Behavioral health
- Motivational interviewing

Each module is worth AAMA CEUs. Complete all modules and pass a final test to earn the Population Health Module digital badge.

For details and pricing, visit the
AAMA e-Learning Center
<https://learning.aama-ntl.org/>



AAMA® Mission

The mission of the American Association of Medical Assistants® is to provide the medical assistant professional with education, certification, credential acknowledgment, networking opportunities, scope-of-practice protection, and advocacy for quality patient-centered health care.



CMA (AAMA)® Certification

The CMA (AAMA) is awarded to candidates who pass the CMA (AAMA) Certification Exam. PSI Services LLC constructs and administers the exam. The CMA (AAMA) credential must be recertified every 60 months by the continuing education or exam method.

Board of Trustees

President

Deborah Novak, CMA (AAMA)

Vice President

Monica Case, CMA (AAMA)

Secretary-Treasurer

Virginia Thomas, CMA (AAMA)

Immediate Past President

Patty Licurs, CMA (AAMA), CPC

Speaker of the House

Aimee Wicker, CMA (AAMA), PCMH CCE

Vice Speaker of the House

Sherry Bogar, CMA (AAMA), CN-BC

Trustees

Natasha Geno, CMA (AAMA)

Shelley Gingrich, CMA (AAMA)

Claire Houghton, CMA (AAMA)

Candace Miller, CMA (AAMA)

Pamela Neu, MBA, CMA (AAMA)

Jane Seelig, CMA-A (AAMA)

Sandra Williams, CMA (AAMA)

Executive Office

CEO and Legal Counsel

Donald A. Balasa, JD, MBA

Certification Director

Katie Gottwaldt

Communications Director

Miranda Sanks-Korenchan

Continuing Education and Membership Manager

Nick Mickowski

Marketing Director

Gina Lang Mokijewski



CMA^{CM}Today

4 aama update

Managers Meet Up; Online Submission of Featured AAMA-Approved CE Programs; On the Web; Standout Students

6 public affairs

Two State Nursing Boards Recognize Educated and Credentialed Medical Assistants

By Donald A. Balasa, JD, MBA

8 quick clinic

Magnesium's Magnitude

The Crucial Mineral You Shouldn't Count Out

By John McCormack

10 news you can use

Transgender Inclusion for ED Treatment; Short Work Breaks Prevent Burnout; Sleep Deprivation Impacts Generosity

24 for your health

No More Shopping 'til You Drop; Outstanding Nutrition; Gas? I'll Pass; 10,000 or Bust?; Walk the Talk

30 practice manager

Help Wanted

The Hard Work of Finding and Keeping Workers

By Brian Justice

32 educators forum

I Spy

Spot the Signs of Prospective Educators in Your Classroom

By Cathy Cassata

34 spotlight

A Touch of Kindness

CMA (AAMA) Connects with Patients to Provide Calming and Informed Care

By Cathy Cassata

DO THE WRITE THING



Brush Up on the Fundamentals of Health Care Compliance

By Mark Harris

26

**2022
CMA (AAMA)[®]
Compensation and
Benefits Report**

Editorial Director Donald A. Balasa, JD, MBA

Marketing Director Gina Lang Mokijewski

Managing Editor Miranda Sanks-Korenchan

Senior Editor Laura Niebrugge

Associate Editor Kelli Smith

Layout & Design Connor Satterlee

Editorial Advisory Committee

Chair: Shelley Gingrich, CMA (AAMA)

Natasha Ferrette, CMA (AAMA)

Doreen Hoch, CMA (AAMA)

Joshua Lehrer, CMA (AAMA)

Diana Rogers, CMA (AAMA)

Paula Schubert, CMA (AAMA), CPT

Unless otherwise noted, articles are authored by professional writers who specialize in health-related topics. News blurbs are compiled by AAMA staff.

CMA Today (ISSN 1543-2998) is published bimonthly by the American Association of Medical Assistants, 20 N. Wacker Dr., Ste. 1575, Chicago, IL 60606. Periodicals postage paid at Chicago, Illinois, and at additional mailing offices.

Subscriptions for members are included as part of annual association dues. Nonmember subscriptions are \$60 per year.

The opinions and information contained in *CMA Today* do not necessarily represent AAMA official policies or recommendations. Authors are solely responsible for their accuracy.

Publication of advertisements does not constitute an endorsement or guarantee by the AAMA of the quality or value of the advertised services or products.

Contact us at CMAToday@aama-ntl.org or 800/228-2262.

Postmaster: Send address changes to AAMA Membership Department, 20 N. Wacker Dr., Ste. 1575, Chicago, IL 60606.

© 2022 American Association of Medical Assistants. All rights reserved.

Want to Submit Your Membership Dues Renewal via Mail?

Keep an eye on your mailbox in November for the mailed 2023 Membership Dues Remittance Form for you to renew your membership by mail for the 2023 membership term.

Managers Meet Up



The AAMA was present and accounted for at the American Academy of Family Physicians Family Medicine Experience (FMX), the Medical Group Management Association (MGMA) Medical Practice Excellence: Leaders Conference, and the Association of American Medical Colleges (AAMC) annual meetings in (respectively) September, October, and November.

At the AAMA exhibit booths, your Board of Trustees leaders, the AAMA marketing director, the AAMA public relations and marketing manager, and the AAMA CEO and legal counsel vigorously promoted AAMA membership benefits and the hiring of CMAs (AAMA)* and provided innovative insight on how medical practices can utilize staff to the top of their education and certification. ♦

Online Submission of Featured AAMA-Approved CE Programs

Ready to submit AAMA-approved CEUs like a CPR card? You can instantly submit documentation for AAMA-approved CEUs via the AAMA website! This feature is the preferred method for uploading CPR cards as well as courses from the free, online FASDs and Smiles for Life programs.

Visit the “AAMA Approved CE Programs” webpage to learn more about those CEU opportunities. Then log on to your AAMA website account and select “Web Uploads” from the left-side menu to quickly and conveniently submit your program completion documentation to receive CEU credit. Simply select the appropriate course from the drop-down menu, upload a file, and submit!

You can see the status of your submitted documentation on that same webpage. Allow 2–3 business days for processing.

On the Web

Survey Says ...

Under Medical Assisting/ Compensation and Benefits



See how your earnings and benefits stack up against the rest in the 2022 CMA (AAMA) *Compensation and*

Benefits Report, featured in this issue. The website version includes an extended report on compensation and benefits for medical assisting educators.

CMA Today Indexed

Under CMA Today/Archives



Need to find an article, but can't remember the issue? Use the 2003–2022 CMA Today title/author

indexes. Then, search by volume and issue on the “Archives” webpage. Or use the search field (upper-right corner of each webpage) to find what you're looking for.

Résumé Reminder: Add Your ID

In My Account



Are you a CMA (AAMA) in the market for a new position? Remember to

include your CMA (AAMA) credential and certification ID number on your résumé. You can look up your certification ID number by signing into the AAMA website, going to the “My Account” section of the website, and selecting “My Certification Information” in the left-side menu. ♦

Standout Students

Congratulations to this year's recipients of the Maxine Williams Scholarship:



Tequila Fugua graduated in June 2022 from Apollo Career Center in Lima, Ohio. Fugua's passion for helping people and being a committed mother fueled her career in medical assisting. Her enthusiasm for the field stems from its versatility and the many opportunities it has brought her, making her a more well-rounded person. "Medical [assisting] is not just a career for me; it's a goal that I will achieve with much pride and honor."

As a student, Fugua is described by her professors as a strong leader with good attendance and grades. "[Fugua] has been a [State Tested Nurse Aide] for many years, caring for the elderly, as well as a licensed childcare provider," notes an educator. "[Fugua] enjoys the interaction that comes with caring for others."



Hannah Haskett plans to graduate in December 2022 from Idaho State University in Pocatello, Idaho. Haskett's dream of becoming a medical assistant comes from a desire to provide high-quality health care to her community. She hopes that, once she graduates, she finds coworkers who share her goal of helping those in need. "I see myself bettering my community by taking what I have learned in my program to help individuals receive quality health care," she says.

As a student, Haskett receives high praise for being organized, attentive, and driven. She is known for her upbeat attitude and tremendous work ethic. One of her professors emphasizes their confidence in Haskett's career, saying, "I am not surprised that she has chosen a profession where she can serve and help others and make a difference in their lives. I know that whatever she does, she will be successful."



Natalia Merukeb intends to graduate in May 2023 from SUNY Erie Community College in Williamsville, New York. Her inspiration for pursuing medical assisting derives from her eventual goal of becoming a nurse. She plans on taking advantage of various opportunities through the AAMA and hopes that when she enters nursing school, she can "maintain involvement with the AAMA and potentially secure a leadership position."

Merukeb's educators praise her as a kind, highly involved, and skillful student. A professor notes, "I am confident that her combination of knowledge, skills, abilities, [and] her cheerful disposition make her a viable candidate for the Maxine Williams Scholarship and a valuable asset to the medical assisting profession."



Su Po Po graduated in May 2022 from Arkansas Tech University in Russellville, Arkansas. Her career goals include translating for other Karen speakers in the health care setting. (The Karen languages are spoken primarily in the coastal areas of Thailand and Burma.) She is confident that she can help others through her skillset. "I am bilingual, and I feel this is a special gift I can give to my community where I can do the most good."

During her academic career, Po Po overcame obstacles to achieve academic success. She stays on top of assignments and assists other students. Her professor notes, "I have absolute faith that Su Po Po can and will do whatever it takes to get her education and use it to better the world."

Two State Nursing Boards Recognize Educated and Credentialed Medical Assistants

The Delaware Board of Nursing and the South Dakota Board of Nursing have issued proposed regulations that allow licensed nurses to delegate to formally educated and credentialed medical assistants the administration of medications by specified routes. These proposed rules betoken the increasing recognition by the nursing profession of the value of educated and credentialed medical assistants.

Delaware

The Delaware Board of Nursing gave notice June 1, 2022, of the following addition to its regulations:

8.7.15.1 APRNs [advanced practice registered nurses] are authorized to assign and supervise medication administration to a medical assistant if the medical assistant has successfully completed a medical assistant training program and possesses current national medical assistant certification.

8.7.15.1.1 If a practice is solely operated by APRNs, the APRN must be present in the building when the medical assistant is administering medications and assumes liability for the actions of the medical assistant.

8.7.15.2 When a physician delegates to a medical assistant, and an organizational policy exists to allow the APRN to assign [to] and supervise the medical assistant, the physician retains responsibility and accountability for the actions of the medical assistant and will be notified of unsafe or improper practices.¹

South Dakota

On September 6, 2022, the South Dakota Board of Nursing published the following revisions to its rules:

20:48:04.01:09.01 Delegation of medication administration tasks to a nursing assistant. A licensed nurse may delegate the following medication administration tasks to a nursing assistant if the delegation complies with the general criteria for delegation and supervision set forth in §§ 20:48:04.01:01 and 20:48:04.01:02, respectively:

- (1) Administration of scheduled medications by oral, sublingual, eye, ear, nasal, rectal, topical, transdermal, vaginal, or inhalation route;
- (2) Measuring of a prescribed amount of liquid medication or crushing a

tablet for administration if a licensed nurse, physician, or pharmacist has calculated the dose; and

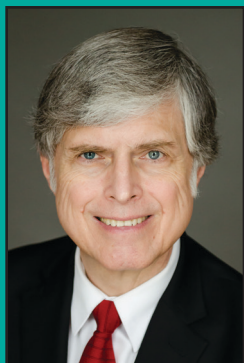
- (3) Administration of schedule II controlled substances listed in SDCL 34-20B-16 and 34-20B-17 which have been prescribed and labeled in a container for a specific client.

If the nursing assistant is administering medications in a hospital setting, a registered nurse must provide direct supervision as defined in § 20:48:01:01.

...

20:48:04.01:10. Delegation of additional medication administration tasks to a medical assistant. In addition to the tasks listed in § 20:48:04.01:09.01, a licensed nurse may delegate the following medication administration tasks to a medical assistant, who holds current certification with a national certification body approved by the board [of nursing], in a stable nursing situation as defined in § 20:48:01:01:

- (1) Administration of scheduled medications by intradermal, subcutaneous, or intramuscular route; and
- (2) Calculation of the dose of a pre-



Donald A. Balasa, JD, MBA
AAMA CEO and Legal Counsel

scribed amount.²

As was the case with the Connecticut and South Carolina legislation enacted earlier in 2022, these revisions to the Delaware and South Dakota regulations differentiate duties delegable to educated and credentialed medical assistants from tasks delegable to all other medical assistants. This trend will likely continue in 2023 and future years because of the demand for knowledgeable and competent medical assistants to perform a greater number of advanced functions. ♦

Questions about this article may be emailed to AAMA CEO and Legal Counsel Donald A. Balasa, JD, MBA, at DBalasa@aama-ntl.org.

References

1. Delaware Board of Nursing. 24 Del.C. §1904(c), 1900 Board of Nursing, (Del 2022). Updated June 1, 2022. Accessed October 24, 2022. <https://regulations.delaware.gov/register/june2022/proposed/25%20DE%20Reg%201112%2006-01-22.htm>
2. South Dakota Board of Nursing. *Article 20:48: Nurses*. Updated October 4, 2022. Accessed October 24, 2022. https://boardsandcommissions.sd.gov/bcuploads/10-04-22_FinalProposedRules.pdf

Fad Diets or Healthy Eating?

The obesity epidemic has many patients looking for ways to lose weight. Instead of switching to healthy eating behaviors, however, many patients resort to quick-fix fad diets. Examine a variety of fad diets and their appeal with this self-study course to better assist patients in developing healthy and informed eating habits.

10 CEUs (6 general, 4 clinical)

~~\$40~~ **\$36 members**

~~\$80~~ **\$72 nonmembers**



*Fad Diets
or Healthy Eating?*

ORDER ONLINE TO SAVE 10%
www.aama-ntl.org/store

Offer good while supplies last. Expires January 1, 2023.

Sale applies only to single-book purchases. Bundle deal retains current price.

MAGNESIUM'S MAGNITUDE

The Crucial Mineral You Shouldn't Count Out

By John McCormack

Many patients experience symptoms like muscle spasms, fatigue, weakness, and tingling sensations for quite some time before seeking help. “I was hesitant to discuss how I was feeling with my provider at first. I just assumed I felt the way I did because of working, caring for my home, family, and just the stress of daily life,” says Lisa Inman, CMA (AAMA), a medical assistant and procedure scheduler at Logan Health Wellness & Pain Management in Kalispell, Montana.

Eventually, Inman brought her concerns to her primary care physician's attention. The physician ordered magnesium and vitamin D supplements, and within weeks, Inman felt significant relief.

Inman's experience is not an anomaly. Patients often assume that their common aches and pains are a part of ordinary life. Fortunately, patients are discovering that they can address certain health conditions through complementary treatments such as magnesium supplements. In fact, the global complementary and alternative medicine market is set to grow from about \$82 billion in 2020 to \$405 billion in 2028.¹

More patients could benefit from such treatments if health care professionals—including medical assistants—keep holistic health in mind. While patients should always consult a physician before starting supplements, all health care professionals can empower patients to reach their health and wellness goals by understanding the ins and outs of magnesium and sharing seven truths with patients.



1. Magnesium Is a Vital Component of Overall Health

Part of being an integrative sports medicine specialist and surgeon is recognizing magnesium's connection to bone health, proper muscle contraction, and physical performance, says David Geier, Jr., MD, an orthopedic surgeon and former director and assistant professor of orthopedic surgery at the Medical University of South Carolina, Charleston. Though, he also acknowledges that magnesium does much more.

“Magnesium affects a lot of the different functions in the body. ... It's involved in blood sugar and insulin regulation, blood pressure, your heart's [contractions and] beating patterns, your blood vessels' [constriction] and [expansion], and nerve transmission. There's a whole range of different things that magnesium plays a role in,” notes Dr. Geier.

As one of the seven essential macrominerals, magnesium is a cofactor in over 300 enzyme systems that regulate diverse biochemical reactions in the body²:

- Protein synthesis
- Muscle and nerve function
- Blood glucose control
- Blood pressure regulation
- Energy production
- Oxidative phosphorylation
- Glycolysis

- Structural development of bone

Magnesium also contributes to the active transport of calcium and potassium ions across cell membranes, which is critical to nerve impulse conduction, muscle contraction, and normal heart rhythm.²

2. A Lack of Magnesium Can Truly Hurt

Because magnesium affects so many functions, having optimal levels in your body is essential, notes Dr. Geier. People with a magnesium deficiency could suffer from high blood pressure, high blood sugar, headaches, muscle cramping, anxiety, and sleep difficulties.³ Magnesium may also prevent or treat some chronic conditions, including Alzheimer disease, type 2 diabetes, cardiovascular disease, and migraine headaches.⁴

3. Signs of Magnesium Deficiency Can Fall through the Cracks

Symptoms associated with magnesium deficiency include a loss of appetite, nausea, vomiting, fatigue, weakness, muscle cramps, numbness, tingling, seizures, personality changes, and heart rhythm changes or spasms.

However, many of these symptoms tend to fly under the radar. “So, the problem with that is we can start to have increased pain, headaches, [and] muscle weakness. However,

it's generalized. It's nonspecific, and low magnesium many times goes completely unrecognized," says Jennifer Gantzer, DC, MS, DACBN, FACN, a clinical sciences educator at National University of Health Sciences in St. Petersburg, Florida.

Low magnesium levels are also often one of the many factors that contribute to the development of conditions such as hypertension or diabetes. "Patients might already be having subtle symptoms of diabetes because there are systemic things that are happening in addition to the electrolyte imbalances," says Dr. Gantzer. "So outright magnesium deficiency doesn't necessarily, per se, have isolated magnesium symptoms."

4. Achieving Optimal Levels of Magnesium Is Key to Overall Health

"Very few people have excessive levels of magnesium from natural living. Most people simply don't have enough," says Dr. Geier.

As such, providers must ensure that patients get the recommended daily allowance for magnesium intake²:

Age	Male	Female
1–3 years	80 milligrams (mg)	80 mg
4–8 years	130 mg	130 mg
9–13 years	240 mg	240 mg
14–18 years	410 mg	360 mg
19–30 years	400 mg	310 mg
31–50 years	420 mg	320 mg
51 years and older	420 mg	320 mg

5. Acquiring Magnesium through Food Is the Way to Go

Magnesium is an essential mineral. "This means it has a physiological role in the body. However, our body cannot make it. That means we have to eat it or we have to supplement it," says Dr. Gantzer. "[Magnesium] has to come from outside sources."

People ideally acquire the recommended amount of magnesium from food. By eating the right foods, people can acquire magnesium and other key nutrients such as potassium and calcium.

"We want to eat the natural sources. That's the best way to allow for normal daily [required] levels [of magnesium] to be satisfied. If you eat a plant-based food, that's high in all the minerals—you're getting this perfect collective of nutrients," says Dr. Gantzer. She suggests the following foods for getting proper amounts of magnesium and other nutrients:

- Leafy greens (e.g., spinach, kale, Swiss chard, and broccoli)
- Avocados
- Nuts (e.g., almonds, cashews, and walnuts)
- Seeds (e.g., sunflower, pumpkin, and chia)
- Grains (e.g., rice, corn, and oatmeal)
- White fish and oysters
- Legumes (e.g., beans and lentils)

6. Supplements Are an Option, If Used Correctly

While acquiring magnesium from food is best, supplements can also help.

Taking the proper magnesium dose is crucial. Too high of a dose of magnesium may be counterproductive, as the body absorbs smaller amounts of the nutrient with doses of more than 500 mg. "[Then], you're defeating the purpose [of taking a supplement]. You're going to absorb less of [the magnesium]. So that means it's better to take a lower dose of magnesium because more of that is going to get into the body," says Dr. Gantzer.

Additionally, a magnesium dose of more than 500 mg could act as a laxative and cause diarrhea, adds Dr. Gantzer.

7. Magnesium Can Interact with Medications

Several types of medications may interact with magnesium supplements or affect magnesium levels. For example, magnesium could decrease the absorption of oral bisphosphonates—such as alendronate (Fosamax)—which is used to treat osteo-

porosis. Additionally, magnesium can form insoluble complexes with antibiotics, and chronic treatment with loop diuretics can increase the loss of magnesium in urine and lead to magnesium depletion.²

Put Your Own Mask on First

With unprecedented levels of stress and burnout in the health care industry, caregivers must pay attention to their holistic health and zero in on factors such as magnesium. "The healthier and better your own body works, the better you can act as the mentor or care provider for patients," says Dr. Gantzer.

Several years ago, when he was experiencing burnout and was unable to find a solution, Dr. Geier turned to an integrative care physician for help. He now takes a more comprehensive approach to his health and uses complementary treatments such as magnesium supplements. This approach proved so successful that Dr. Geier transformed his practice from focusing on traditional orthopedic surgery to integrative orthopedic sports medicine.

Inman also finds plenty of opportunities to share her experiences with patients. Ultimately, she concludes that medical assistants can play a key role by helping "patients understand that getting enough magnesium not only helps maintain good health but can help manage stress, migraines, muscle aches, and pain." ♦

References

1. Complementary and alternative medicine market size, share & trends analysis report by intervention (botanicals, mind healing, body healing, external energy, sensory healing), by distribution method, and segment forecasts, 2021 - 2028. Grand View Research. Accessed October 14, 2022. <https://www.grandviewresearch.com/industry-analysis/complementary-alternative-medicine-market>
2. Magnesium: fact sheet for health professionals. National Institutes of Health. Updated June 2, 2022. Accessed October 14, 2022. <https://ods.od.nih.gov/factsheets/Magnesium-healthProfessional>
3. Millstine D. Magnesium: are you low, but don't know? Mayo Clinic Press. Published November 10, 2021. Accessed October 14, 2022. <https://mcpres.mayoclinic.org/women-health/magnesium-are-you-low-but-dont-know/>
4. Gröber U, Schmidt J, Kisters K. Magnesium in prevention and therapy. *Nutrients*. Published September 7, 2015. Accessed October 14, 2022. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4586582/>

Vitamin D Reduces Chronic Inflammation

Many patients take vitamin D to improve their mood, particularly those who endure harsh winters. Vitamin D supplements may also lower patients' risk of chronic inflammation, according to a study published in the *International Journal of Epidemiology*.

The study used data from 294,970 people from the U.K. Participants provided vitamin D and C-reactive protein (CRP) levels and genetic data for the study. They also completed a questionnaire about their lifestyle and health.

Upon examining vitamin D and CRP levels and genetic data, researchers found that only participants with vitamin D deficiency had elevated CRP levels, a common inflammatory biomarker. They also found that increasing vitamin D levels could decrease the severity of inflammation.

Ultimately, researchers concluded that encouraging patients to take vitamin D supplements (and according to the recommendations of patients' physicians) could decrease their risk or severity of inflammatory aspects of chronic illnesses.

Initiatives to Reduce Cardiovascular Events

When health care workers encourage lifestyle changes in patients, they not only aid patients' health but potentially save their practice money on treatment costs. Certain patient lifestyle changes may be the key to reducing heart attacks and strokes, according to a study by the American Heart Association:

- Diet
- Exercise
- Smoking cessation
- Reduced alcohol intake

The study found that perhaps the most effective lifestyle change to curb cardiovascular events may be adopting the Dietary Approaches to Stop Hypertension (DASH) diet, which reduces sodium and increases nutrients that reduce blood pressure, like potassium, calcium, magnesium, and fiber.

If patients reduce their systolic blood pressure to below 130 mm Hg through various lifestyle changes, they greatly reduce their risk of a cardiovascular event. Researchers found that over the next decade, patient lifestyle changes that reduce blood pressure could prevent 26,000 heart attacks and strokes and 2,900 deaths. ♦



Transgender Inclusion for ED Treatment

Transgender patients are more likely to develop an eating disorder (ED) or engage in disordered eating than cisgender individuals, according to the *Journal of Adolescent Health*.

In a study of over 289,000 college students, with 479 transgender participants, disordered eating behaviors were far more common in transgender students, often stemming from gender dysphoria or stress. More than 15% of the transgender people surveyed reported ED diagnoses, compared with less than 1% of cisgender heterosexual men and about 2% of cisgender heterosexual women.

Despite higher rates of EDs among the transgender community, many transgender individuals avoid seeking health care out of fear of transphobia, unawareness, and oppression from clinicians. Clinicians who are informed about transgender concerns are considered uncommon. When health care practitioners fail to understand the link between gender dysphoria and EDs, they may do more harm than good.

Understanding the unique needs of transgender patients is a way for health care professionals to provide more inclusive care. ♦



Noes Goes: Intranasal Vaccines May Alleviate Vaccine Hesitancy



An estimated 1 out of 4 adults and 2 out of 3 children are afraid of shots, says the Centers for Disease Control and Prevention. And about 10% of patients have avoided getting their COVID-19 vaccine out of a fear of needles, according to a study published in *Psychological Medicine* in June 2021.

However, the health care industry has recently made strides in offering vaccines to those with needle phobias. Two companies—one in China and one in India—have received approval for intranasal vaccines to prevent COVID-19, shares *Medical News Today*.

Not only do intranasal vaccines offer an option for those with a fear of needles, but they also may offer new benefits for vaccine efficacy by administering the vaccine directly into the mucosa, the part of the immune system that deters bacteria and other harmful chemicals from the body.

The two intranasal vaccine developments are just the beginning, as COVID-19 research continues to evolve daily and suit new patients. ♦

Sleep Deprivation Impacts Generosity



The negative health effects of a lack of sleep are widely known, but research shows that sleep deprivation also impacts social consciousness and makes people less generous, according to a study by University of California, Berkeley.

The study found that the week after Daylight Saving Time began, charitable donations dropped by 10%—but that drop did not occur in states that do not change their clocks (e.g., Hawaii). Scientists also examined the brains of both participants who slept for eight hours and those who had sleepless nights, finding that the areas of the brain that engage in empathy and understanding others were less active for participants who did not sleep.

Even losing an hour of sleep makes people less likely to perform simple acts of kindness like holding the door open or volunteering to help an injured stranger, which leads to lonelier individuals. Societies that discourage full nights of sleep for work and other duties are bound to have unkind and apathetic people and interactions. Thus, people need their rest for the benefit of themselves and others.

Short Work Breaks Prevent Burnout

Medical assistants' demanding workload and varied tasks often make resting during work difficult. However, researchers performed a meta-analysis of 22 studies to find that 10-minute breaks—or

microbreaks—from tasks can prevent workplace burnout and fatigue, according to research published in *PLOS ONE*.

The meta-analysis included simulations and workplace studies in which participants completed certain tasks before taking a break. The activity that participants performed during a break was a large factor in their moods, with work-related tasks, like helping a coworker, having a negative effect and physical activities, like stretching or taking a walk, having a positive effect.

Overall, the data suggest that while microbreaks are good for well-being, recovery from demanding tasks takes longer than 10 minutes. Whether or not health care professionals are burned out, taking a break for a brief walk or a snack is always a safe and rejuvenating practice.







DO THE WRITE THING

Brush Up on the Fundamentals of Health Care Compliance

By Mark Harris

Most physicians and other health care practitioners strive to provide ethical, high-quality patient care. Their ability to do so relies on the trust of patients in practitioners' professionalism and medical expertise. In no small measure, trust is at the heart of good patient-provider relationships.

Modern health care occurs in a complex, dynamic system that relies on many moving parts to function effectively. Notably, the health care system must follow federal and state regulations, professional and organizational standards, insurance rules, and other business requirements.

In this context, trust rests on the expectation that medical practices will protect patient privacy, keep accurate records, sub-

mit proper claims for payment, and otherwise meet various administrative and organizational responsibilities.

Under the Patient Protection and Affordable Care Act of 2010 (ACA), health care providers must have a compliance program for enrollment in Medicare, Medicaid, and Children's Health Insurance Program services.¹ Further, health care providers must comply with the requirements for privacy and security, workplace safety, waste, fraud and abuse, medical records and documentation, coding, human resources, and other key practice areas.

Up to Standard

To fulfill these wide-ranging rules and requirements, health care providers and

organizations should have a practice compliance plan to ensure their adherence to all legal, ethical, and professional standards.

"Compliance plans and programs generally apply to everyone in health care," says David J. Zetter, PHR, SHRM-CP, CHCC, president and lead consultant of Zetter HealthCare in Mechanicsburg, Pennsylvania. "Every health care provider and organization is required to have [annual and ongoing] compliance training and education in specific areas. For instance, OSHA [Occupational Safety and Health Administration] safety training has to be done on an annual basis. This includes an OSHA safety walk-through. HIPAA [Health Insurance Portability and Accountability Act of 1996] training on privacy and security rules to protect patient

Six Action Steps for HIPAA Privacy and Security Compliance

Improve medical practices' compliance with HIPAA by taking steps⁸:

1. Review the HIPAA Notice of Privacy Policies, ensuring that it is clear and meets requirements.
2. Evaluate policies regarding patients' right of access.
3. Determine security risks by conducting a complete HIPAA Security Risk Assessment.
4. Take precautionary steps to prevent data loss.
5. Guard against ransomware threats.
6. Develop a plan for responding when a data breach occurs.

health information has to be done prior to any new employee seeing, speaking to, or treating patients. This [training] also should be done annually. The practice will need to be able to show proof that its employees have completed these required annual trainings.”

Zetter notes that many health care practices and organizations have not yet established a compliance plan. Regardless, providers must comply with ACA rules and regulations applicable to most of their essential practice and claims

responsibilities.²

Rather than another administrative burden, an effective practice compliance plan can assist practices in reducing billing or other reporting errors and improve practice efficiency and productivity while reducing costs. The likely result is a medical practice that is better equipped to support quality patient care.

In this sense, a health care compliance plan adopted by a practice or organization should represent the group's best strategic effort toward fulfilling its various compliance program's requirements. The plan—built on internal policies and procedures—should help the practice promptly identify and resolve compliance violations, issues, and problems before they worsen.

While federal agencies have not adopted a definitive standard for compliance models, seven fundamental elements for an effective health care compliance program are essential, according to the Office of the Inspector General (OIG)³:

1. Implementing written policies, procedures, and standards of conduct
2. Designating a compliance officer and compliance committee
3. Conducting effective training and education
4. Developing effective lines of communication
5. Conducting internal monitoring and auditing
6. Enforcing standards through well-publicized disciplinary guidelines
7. Responding promptly to detected offenses and undertaking corrective action


Written policies and procedures are the starting point of a compliance program. These should be straightforward and accessible to everyone in the practice. Strong communication among physicians, managers, and staff is also essential to effective compliance activities. The ability to identify and solve issues as they arise requires

a well-trained staff and an organizational culture that encourages open communication, feedback, and good-faith reporting.

Another integral aspect of compliance is internal monitoring and regular audits of the practice or organization's activities, including billing and claims processes. How is the practice measuring up in terms of compliance? Are there areas of potential risk that employees identify? Medical practices need to conduct regular audits, chart reviews, and other assessments to flag areas or operational procedures where there is room for improvement. Monitoring and auditing can be done in-house, under the supervision of a designated compliance officer, or outsourced to a health care consulting service with the appropriate expertise.³

The compliance plan should be adapted to the practice's needs and purpose. “What's





“Instead of thinking of compliance as a burden, I like to think of it as protection. And why would I not want to do something that protects the practice?”

—Kathryn Moghadas, RN, CLRM, CHCC

specifically included in a compliance plan will depend on the type of business and services it [provides],” says Zetter, a past president of the National Society of Certified Healthcare Business Consultants. “For instance, if you’re a primary care practice and you don’t do imaging, you’re not going to need to have a compliance plan that covers how imaging is done or how you pay your providers for imaging services. ... Every compliance plan has to be detailed and specific to the practice it’s written for. You cannot borrow some other group’s compliance plan and put it in place in your practice. That will not work.”

Two particularly critical areas of compliance involve OSHA and HIPAA requirements. For example, OSHA has key standards for hazard communication, bloodborne pathogens, electrical hazards, fire safety,

and more.⁴

Similarly, health care providers must comply with the HIPAA Privacy and Security Rules. These rules safeguard the confidentiality of protected health information and the security of electronic protected health information, respectively.⁵

On Good Authority

An effective compliance effort requires an engaged and educated workforce and participation from everyone in the practice. Having an active leadership commitment is essential.

For this reason, the OIG recommends that medical practices designate a health care compliance officer to lead the program. The compliance officer should be someone who can supervise the overall effort, ensuring that everyone in the practice adheres to the rules

and regulations that govern the practice. In larger medical practices or organizations, the compliance officer may be a full-time position and function as part of a compliance committee. In solo or small group practices, the practice manager or a designated staff member may fill the position, managing the compliance program and their regular work assignments.

“The compliance officer should be someone who is able to identify what the applicable federal and state rules are for their practice,” says Kathryn I. Moghadas, RN, CLRM, CHCC, a health care consultant at Associated Healthcare Advisors in Winter Springs, Florida. “They should be able to interpret those rules, understand how they apply to the practice, and have the skill to stay current and familiar with any changes in the rules.”

“Another vital administrative safeguard is workforce training. Many HIPAA security officials will tell you that most breaches or other noncompliance with the Security Rule result from human error. In other words, technical safeguards, once implemented, rarely fail. For example, if a laptop is appropriately encrypted, the encryption rarely fails. However, even if an organization has excellent technical safeguards, a workforce member could click on a link in a phishing email or allow a bad actor access to an organization’s [information technology] system. No number of technical safeguards can prevent bad results from human error.

“Training employees is usually the best way to address this risk. And training an individual for a few hours upon initial hire isn’t going to be enough. A good practice is to send safe phishing email tests throughout the organization periodically while providing timely feedback to those who fail the test so they can learn, over time, the types of phishing attacks they might see in reality.”⁹

—C.J. Wolf, MD, MEd

A designated compliance officer in a large practice or organization may have a master’s degree in health administration or related education or experience. However, the compliance officer can come from a range of backgrounds. A skilled compliance officer should be someone who understands the overall practice plan and its challenges, advises Moghadas. “In my opinion, a practice manager, medical assistant, or other staff member can be a compliance officer, as long as they’re capable of learning the rules and requirements,” she remarks. “They just need to have a good background in understanding what they’re looking for regarding these issues. The big challenge is to consistently apply what you know. So, what does the regulation state? If it states that you cannot do something, then don’t do it. And you stay firm on the rules, you maintain the standard regardless.”

Notably, the compliance officer should be someone who can learn from their own—and the practice’s—mistakes, suggests Moghadas. “Everybody

believes that you need to be a subject matter expert to do this type of work,” she says. “Nearly everything I’ve learned about compliance has come from making mistakes. I wish I could say I was smart enough to not make mistakes, but what I can say is that a lot of wisdom has come after the fact from making mistakes and then having to fix the problem.”

In this sense, Moghadas, author of *Medical Practice Policies & Procedures*, emphasizes the value of teachable moments. When mistakes or breaches occur, accountability is necessary, as is learning how to proceed constructively. “I often see compliance looked at as the heavy hand—the arm that comes down and bangs somebody on the top of the head,” she observes. “That approach doesn’t serve anybody—all it does is demoralize people in the situation.”

Moghadas cites an example to make her point: “A practice I worked with once sent protected health information via an unsecured [public] email system to one of their business associates. The email included a patient’s Social Security number, date of birth, address, and phone number. The problem was they had a secure email system that they failed to utilize,” she explains. “Instead [of berating the person responsible], we ... say, ‘As a result of doing this, the penalties for this type of a breach would have been X amount of dollars.’”

“What you want is for

people to remember what the rules are. It’s a teachable moment. So, the rules state that you need to have and use a secure email system. Using that secure system is going to make sure that patient information does not get breached. So, let’s use our mistake now to help everyone learn,” says Moghadas.

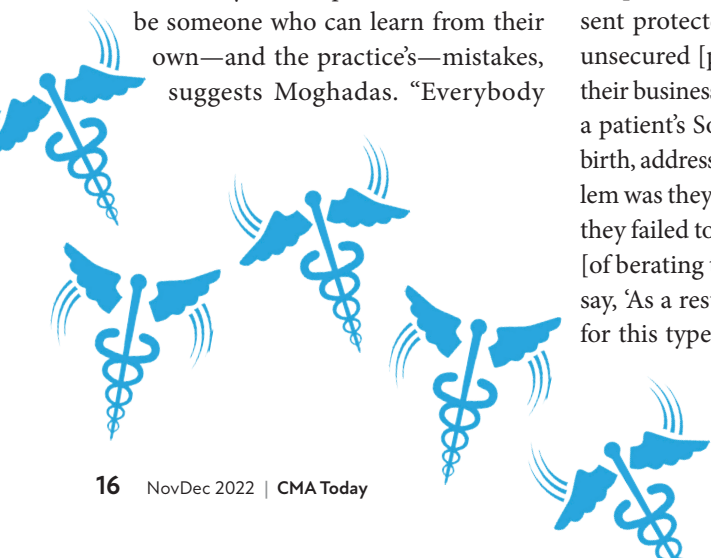
Fortunately, federal and state agencies and different licensures involved in compliance provide regular updates and online information on compliance rules and regulations, reports Moghadas. “The compliance officer should be reading these notices and updates [to see] what they are saying,” she says. “If they see some kind of rule change being made in one area, especially if it has to do with patient safety, patient identification, [or] any type of tactile skills involving patient care, they can usually expect to see it adopted throughout the whole spectrum of different services.”

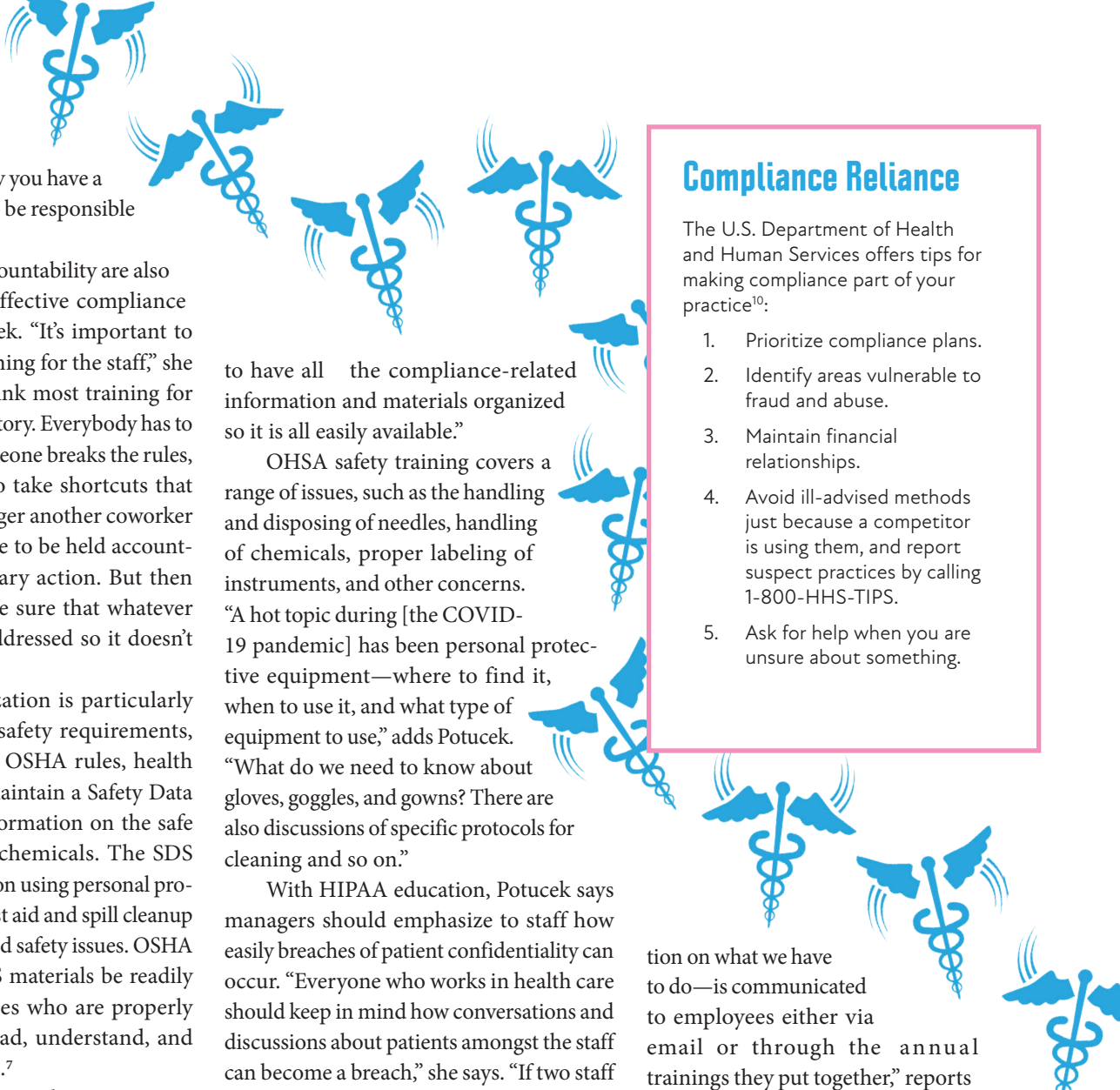
Regarding their reporting responsibilities, the compliance officer should be independent of the legal or financial leadership of the medical practice or organization to avoid any potential conflict of interest.⁶

By the Book

Managers must stay on top of the practice’s compliance issues, according to Viviane Potucek, CMA (AAMA), a practice manager for the Hospital for Special Surgery in Stamford, Connecticut. For Potucek, this means being organized, delegating responsibilities appropriately, and accurately documenting the practice’s compliance activities and requirements.

“As office managers, we are usually very busy,” observes Potucek. “We oversee the whole practice, and there is always a lot to do. In this position, we also know how the smallest issue can become a bigger problem down the line. So, when it comes to compliance, you really have to watch it very closely. Whenever it is appropriate, the manager should delegate and designate certain people to cover particular compliance areas. You might assign someone to be your right-hand person to oversee HIPAA processes, for example. Another person can





cover OSHA. This way you have a go-to person who can be responsible for a specific area.”

Training and accountability are also cornerstones of an effective compliance program, says Potucek. “It’s important to keep up with the training for the staff,” she says. “Generally, I think most training for staff should be mandatory. Everybody has to be informed. ... If someone breaks the rules, or should they try to take shortcuts that could possibly endanger another coworker or a patient, they have to be held accountable with a disciplinary action. But then we also have to make sure that whatever caused a breach is addressed so it doesn’t happen again.”

Practice organization is particularly essential for OSHA safety requirements, says Potucek. Under OSHA rules, health care facilities must maintain a Safety Data Sheet (SDS) with information on the safe handling of on-site chemicals. The SDS includes instructions on using personal protective equipment, first aid and spill cleanup procedures, and related safety issues. OSHA requires that the SDS materials be readily available to employees who are properly trained in how to read, understand, and access the data sheets.⁷

“The [SDS] folder can be a printout or electronic,” explains Potucek. “It’s [crucial] because every single chemical that we have in the office requires a printout for the [SDS]. If there’s an exposure and you are trying to look for the folder and don’t know where it is, it’s a problem. Or if a compliance officer shows up and is doing an audit and you can’t find the folder, the situation can become very hectic.”

“As a manager, I think it’s important to get organized and know where everything is,” says Potucek. “You should have a compliance checklist to help you with this. You can do some checklists on a weekly or monthly basis. For example, there is an eyewash station that has to be checked at least once a week to make sure it’s functioning. So, who is doing that? Who is responsible? Where is that being documented? You really need

to have all the compliance-related information and materials organized so it is all easily available.”

OSHA safety training covers a range of issues, such as the handling and disposing of needles, handling of chemicals, proper labeling of instruments, and other concerns. “A hot topic during [the COVID-19 pandemic] has been personal protective equipment—where to find it, when to use it, and what type of equipment to use,” adds Potucek. “What do we need to know about gloves, goggles, and gowns? There are also discussions of specific protocols for cleaning and so on.”

With HIPAA education, Potucek says managers should emphasize to staff how easily breaches of patient confidentiality can occur. “Everyone who works in health care should keep in mind how conversations and discussions about patients amongst the staff can become a breach,” she says. “If two staff members who share a mutual patient are in an elevator, for example, they shouldn’t be having a conversation about that patient where it’s possible another patient or somebody from outside the organization could overhear what they’re saying.”

A breach of protected health information could involve any piece of information that pertains to a patient, cautions Potucek. “It doesn’t have to be the full name, the date of birth, [or] phone number—*anything* that links that patient to that information is protected health information,” she says. “You have to be careful how you use that information when you’re talking about a patient.”

A compliance committee keeps Hospital for Special Surgery practices informed and trained on their ongoing compliance requirements. “All updates—all the new informa-

Compliance Reliance

The U.S. Department of Health and Human Services offers tips for making compliance part of your practice¹⁰:

1. Prioritize compliance plans.
2. Identify areas vulnerable to fraud and abuse.
3. Maintain financial relationships.
4. Avoid ill-advised methods just because a competitor is using them, and report suspect practices by calling 1-800-HHS-TIPS.
5. Ask for help when you are unsure about something.

tion on what we have to do—is communicated to employees either via email or through the annual trainings they put together,” reports Potucek. “The trainings typically involve interactive videos that include illustrations, easy-to-understand examples, and tests that we take at the end of each module to prove that we understand the material.”

In the past, employees often needed to complete training requirements in group sessions, but today employees typically complete their compliance training individually and online. “It’s all electronic now, and each employee accesses the hospital’s organizational intranet platform to complete all their assigned training modules,” says Potucek. Whatever someone’s level of experience or knowledge, the annual training can be very useful, according to Potucek: “Even if you have been doing the training for years and know the materials well, it’s always helpful to have a refresher once a year.”

Pen Pals

When an organization is unable to devote a large share of their administrative or clinical resources to a HIPAA compliance effort, outside help can be a valuable resource. Many reputable consultancies make HIPAA compliance a major part of their work. Smaller organizations might find the help they need via a network security firm or managed services provider specializing in health care technology.¹¹

Finally, the hospital's compliance training modules can encompass a long list of available topics. "In 2021, our compliance training list included fire safety and utility systems, fostering an LGBTQ inclusive environment, hazard materials, [and more]," explains Potucek. "The trainings cover specific issues like what do if there is a fire, how to evacuate the building, and when and how to use a fire extinguisher."

For the Record

While the terms are often used interchangeably, compliance programs and compliance plans have different meanings. "Normally, when we talk about a compliance program,

we're talking about how to educate and train staff," notes Zetter. "But that is a distinct part of a compliance plan. The latter encompasses much, much more. A compliance program is more often an online system that allows the practice to educate and train their staff in the areas they are required to be compliant in, such as HIPAA, OSHA, corporate and Medicare requirements, waste, fraud, abuse, and other areas."

As an experienced compliance adviser, Zetter also wants medical practice managers to know that maintaining accurate records of their compliance activities is crucial.

"A compliance plan has to be documented, written down, and specific to the

practice operation, the providers, staff, and all of the services the practice or organization provides," says Zetter. "For instance, the practice needs to be documenting any HIPAA violation or accidental breach of somebody's protected health information. ... It's necessary to document this in your minutes or even in the monthly team meeting to show that you discussed a situation where there was a breach. These teaching moments also help demonstrate the practice's efforts at ongoing compliance training."

Zetter recalls his experience with one large multispecialty practice whose compliance officer had drafted but never used two different compliance plans: "One of



the plans was in a binder we found in a file cabinet that was probably drafted 15 years prior. It looked brand new. The other one was on a shelf that was probably drafted later. It wasn't updated, and you could tell it had never been utilized. There were no minutes from compliance meetings. Every practice will sometimes have issues with HIPAA disclosures. Yet if you try to find the disclosure logs and they don't exist, you know there's a problem."

To be successful at health care compliance does not mean being perfect, but it does mean the medical practice or organization is strongly committed to compliance with its practice's rules, regulations, and standards.

A successful approach to the compliance challenge means the practice leadership and staff will do their best to address compliance violations and issues when they arise to mitigate future risks and improve the quality, safety, and integrity of their organizational operations. ♦

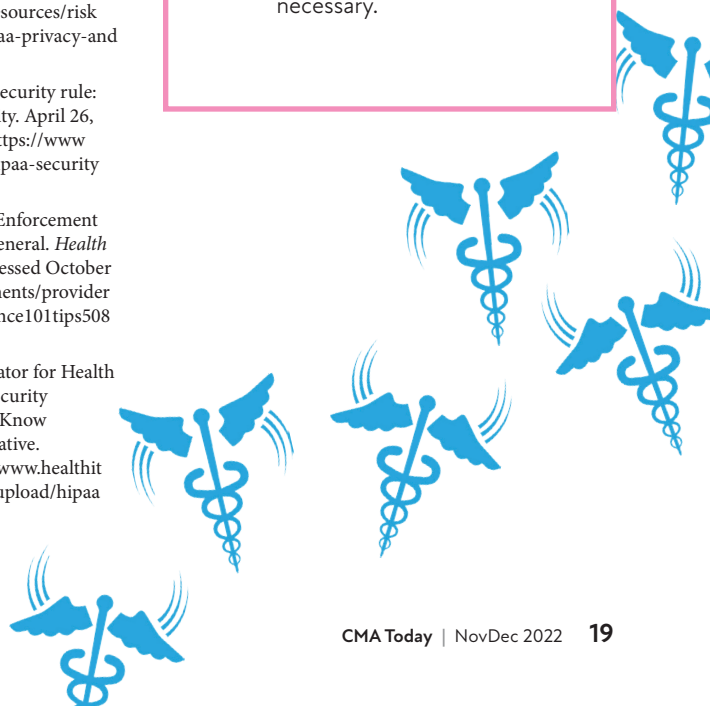
References

1. Medicare Learning Network. *Affordable Care Act Provider Compliance Programs: Getting Started Webinar*. Accessed October 14, 2022. <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/MLN-Compliance-Webinar.pdf>
2. What is healthcare compliance? AAPC. Reviewed July 29, 2022. Accessed October 14, 2022. <https://www.aapc.com/healthcare-compliance/healthcare-compliance.aspx>
3. Compliance program basics. US Department of Health and Human Services. January 17, 2012. Accessed October 14, 2022. <https://oig.hhs.gov/newsroom/oig-podcasts/compliance-program-basics/>
4. Compliance assisting quick start. United States Department of Labor. Accessed October 14, 2022. <https://www.osha.gov/complianceassistance/quickstarts/health-care>
5. The Office of the National Coordinator for Health Information Technology. *Guide to Privacy and Security of Health Information*. Accessed October 14, 2022. https://www.healthit.gov/sites/default/files/pdf/privacy/nc_4_privacy_and_security_chapter4_v1_022112.pdf
6. Healthcity. *Seven Healthcare Compliance 'Quick Tips' - Tip 1*. YouTube; April 28, 2017. Accessed October 14, 2022. <https://www.youtube.com/watch?v=MeOQYkD8KD5>
7. Environmental health and safety: safety data sheets (SDS). University of Iowa. Accessed October 14, 2022. <https://ehs.research.uiowa.edu/chemical/safety-data-sheets-sdss>
8. Tennant RM. Six action steps for HIPAA compliance. Medical Group Management Association. April 1, 2020. Accessed October 14, 2022. <https://www.mgma.com/practice-resources/risk-compliance/6-action-steps-for-hipaa-privacy-and-security-comp>
9. Wolf CJ. Your guide to the HIPAA security rule: administrative safeguards. Healthcity. April 26, 2022. Accessed October 14, 2022. <https://www.healthcity.com/blog/your-guide-hipaa-security-rule-administrative-safeguards>
10. Health Care Fraud Prevention and Enforcement Action Team; Office of Inspector General. *Health Care Compliance Program Tips*. Accessed October 14, 2022. <https://oig.hhs.gov/documents/provider-compliance-training/945/Compliance101tips508.pdf>
11. The Office of the National Coordinator for Health Information Technology. HIPAA Security Checklist for Healthcare: Things to Know Before You Start a Compliance Initiative. Accessed October 14, 2022. https://www.healthit.gov/sites/default/files/comments_upload/hipaa-security-checklist.pdf

HIPAA Security Checklist

Complying with the HIPAA Security Rule is complicated due to its multifaceted nature. This checklist provides a practical approach to help health care businesses understand the HIPAA priorities¹¹:

1. Start with the big picture before looking at specific details.
2. Understand when the rule applies.
3. Appoint qualified individuals to handle compliance.
4. Remember to use a firewall, antimalware protection, strong passwords, and multifactor authentication.
5. Create a map of patient data—both how it is stored and accessed and how it flows through the practice.
6. Understand the difference between required and addressable specifications.
7. Apply a systematic approach by identifying threats, conducting reviews, and evaluating solutions.
8. Encrypt data to prevent breaches.
9. Keep a schedule for ongoing reviews.
10. Seek expert help when necessary.





*Earn a
certificate in*

Telemedicine

4.5 ADMIN/GEN CEUS

Show employers that you have an understanding of important aspects of—and medical assistants' role within—telemedicine by completing the program.

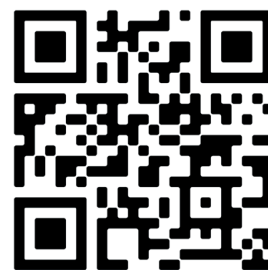
Topics in Telemedicine: Go the Distance with Remote Patient Care

Users will earn CEUs as they pass the individual courses:

- Introduction to Telemedicine
- Telemedicine: Care Delivery and Patient Management
- Telemedicine: Documentation

Only those who pass all three courses will receive a program-level certificate upon completion.

Scan me!



Learn more on the AAMA e-Learning
Center: <https://learning.aama-ntl.org>





Health Care Compliance

Deadline: Postmarked no later than **January 31, 2023**

Credit: 2 AAMA CEUs (gen/adm) **Code:** 140880

Directions: Determine the correct answer to each of the following, based on information derived from the article.

T F

- ☐ ☐ 1. To avoid conflicts of interest, the compliance officer should be independent of the financial and legal leadership of the delivery setting.
- ☐ ☐ 2. Legal violations should be discussed at meetings and documented in the minutes of such meetings.
- ☐ ☐ 3. Health Insurance Portability and Accountability Act (HIPAA) training must be completed by new employees no later than six months after their date of employment.
- ☐ ☐ 4. For an impermissible disclosure of patient information to violate HIPAA, staff must disclose enough personal information to identify the patient.
- ☐ ☐ 5. To comply with the Patient Protection and Affordable Care Act of 2010 (ACA), health care providers and health system organizations should have a medical-practice compliance plan that ensures adherence to all ethical and legal requirements.
- ☐ ☐ 6. Occupational Safety and Health Administration (OSHA) safety training must be done at least every two years.
- ☐ ☐ 7. An effective compliance officer must be familiar with the state and federal rules and how they apply to the delivery setting.
- ☐ ☐ 8. Only a third-party consulting service should complete audits so the evaluation is objective and impartial, because internal auditing introduces bias into the process.
- ☐ ☐ 9. The terms *compliance program* and *compliance plan* are interchangeable and have the same meaning.
- ☐ ☐ 10. Staff training on health care compliance issues can be done individually or in groups.
- ☐ ☐ 11. Safety training under OSHA includes the handling and disposing of needles and the handling of chemicals but does not cover the

Electronic bonus! This test is available on the e-Learning Center at learning.aama-ntl.org. Miss the postmark deadline? Take the test online instead!

T F

- ☐ ☐ 12. Every health care facility must have a Safety Data Sheet containing information about the proper handling of chemicals.
- ☐ ☐ 13. If health care delivery settings and organizations have not yet established compliance plans in accordance with federal law, they are granted an automatic six-month exemption from complying with the regulations of the ACA.
- ☐ ☐ 14. A health care compliance program should include the following basic elements (among other elements), according to the Office of the Inspector General: appointing a compliance officer; offering effective education and training; and taking corrective action when a violation has been uncovered.

Find
CMA Today
CE articles
and more on the
e-Learning
Center!

Take your learning online!

Earn CEUs on the e-LC



Take this course and more on the AAMA e-Learning Center and realize the benefits:

- Secure online payment
- Immediate test results via email
- Instant updates to your AAMA CEU transcript

Visit the e-LC at learning.aama-ntl.org

Donate online and **SUPPORT EDUCATION!**



Support the AAMA Endowment funds. Donate through the AAMA Store online, and help foster the growth of the next generation of medical assistants.

The Maxine Williams Scholarship Fund

provides educational assistance for deserving medical assisting students.

The Ivy Reade Relkin Surveyor Training Fund

helps ensure the quality of accredited medical assisting programs by training skilled surveyors.



For more information, visit About/
Endowment on the AAMA website.

www.aama-ntl.org

Continuing education application



AAMA CEU Credit: You have two options for testing.

Option 1: Go to www.aama-ntl.org and click on e-Learning Center under Continuing Education. Pay for and take the test online.

Option 2: Complete the test and application on this page, and mail it to the address below. Enclose a check or money order payable to the AAMA.

The nonrefundable testing fee is \$20 (members) or \$30 (nonmembers). Credit will be awarded to those who achieve a score of at least 80%.

Last Name

First Name & Middle Initial

Address

City/State/ZIP

AAMA Membership Status: ☐ Member (\$20) ☐ Nonmember (\$30)

Members—AAMA ID Number (Required)

Nonmembers—Last Four Digits of Social Security Number (Required)

Date Completed

Day Phone

Fax

Email

Retain a photocopy of your payment and test for your files.

The AAMA does not keep copies on file after grading.

Send completed test application and fee to:



AAMA CMA Today CE Test
20 N. Wacker Dr., Ste. 1575
Chicago, IL 60606

Continuing education units (CEUs) are awarded based upon content, depth of article, learning outcomes, and length of time for completion per IACET (International Association for Continuing Education and Training) guidelines and criteria. IACET created the CEU for the purpose of providing a standard unit of measure to quantify continuing adult education. CEU value is awarded based upon the projected contact hours needed to complete the continuing education activity (e.g., 1 CEU equals 1 hour, or 1.5 CEUs equal 1.5 hours). CMA Today articles follow this standard for awarding CEU value. The \$20 or \$30 is a test processing fee. A \$25 administrative fee will be assessed for returned checks.

**Mail-in test deadlines are maintained for administrative purposes. Electronic test deadlines on the e-Learning Center will vary. The AAMA reserves the right to remove any course at any time.*

Earn a certificate in **EDUCATION**

Increase Your Marketable Skills

Show employers—and yourself—that you have marketable educator skills by completing the Assessment-Based Certificate Program in Allied Health Education (ABC-AHE). Whether you are exploring an interest in medical assisting education or allied health education, beginning a career in teaching, or looking for new professional development opportunities to improve as a longtime educator, completing the ABC-AHE is the right choice!

Individuals who complete three courses on education topics and pass a final assessment will have earned the ABC-AHE. The ABC-AHE courses are available to CMAs (AAMA)[®], medical assistants, and all other health care professionals. The courses can be taken together as part of the ABC-AHE or individually for AAMA continuing education unit (CEU) credit. Altogether, the program is worth 27 general CEUs.

Visit the AAMA e-Learning Center to find out more.



CMA (AAMA)[®] **Certification Practice Exam**

Preparing for the CMA (AAMA)[®] Certification Exam?



Purchase the CMA (AAMA) Certification Practice Exam online and get started today. Published by the Certifying Board of the AAMA, this study tool can be found on the AAMA website under CMA (AAMA) Exam/ CMA (AAMA) Practice Exam.

Also, visit the “FAQs on CMA (AAMA) Certification and Practice Exam” page to find more information.

Fight Back Against Climate Fears

Climate change grows more evident over time, but one overlooked aspect of the phenomenon is worsening mental health due to anxiety over the planet's future. Developing a public health approach to address pervasive climate anxiety can ease various populations. Here are four ways to relieve stress around climate change while taking action, according to NPR:

- **Close to home.** Find ways to get involved in your community and impact the local population.
- **One step at a time.** Working on local issues helps people see small signs of progress in their community. These advancements create a sense of hope.
- **A force of nature.** Climate conversations and political engagement encourage people to take meaningful action and build resilience against climate change while addressing their anxiety.
- **The big picture.** Before the pandemic, life expectancy hit an all-time high, and clean water and energy are more accessible than before. Though climate change is severe, this is the safest time to live. Perspective is key.

No More Shopping 'til You Drop

As a medical assistant, the thought of grocery shopping after work may make your head spin. Here are some tips from Healthline for simplifying your trip to the grocery store:

- **Make a healthy shopping list before you go.** If you get easily distracted while in the store, planning will save you time and money and help you make healthy choices.
- **Take inventory.** Knowing how much you have in your kitchen will guide your shopping and prevent food waste.
- **Stock your kitchen.** If you're unable to shop frequently, stocking up on frozen and nonperishable foods is essential and makes you less reliant on fresh ingredients.
- **Shop the perimeter.** The outer edges of the grocery stores have healthier and less processed foods, like fresh produce, proteins, and other perishables.

A healthy diet—and shopping cart—means something different to everyone, but finding ways to mitigate the pains of the grocery store is a great way to stay healthy and reduce stress.



Oatstanding Nutrition

Oatmeal may not be the prettiest food, but as the weather cools down, don't discount this wholesome breakfast. Oatmeal contains many great health benefits, according to the American Heart Association.

Various studies associate oats and oatmeal with lowering cholesterol and helping control weight. Oatmeal also contains many vitamins and minerals, with a one-cup serving offering about 15% of the daily recommended thiamin and 76% of manganese.

This whole grain is a terrific first meal of the day because it's a good source of fiber and you can top it with your favorite fruits and nuts. Try inviting oats to the breakfast table sometime! They won't disappoint your tastebuds, and you will be full all morning.

Gas? I'll Pass

Cooking with gas stoves creates nitrogen dioxide, a lung irritant that can exacerbate childhood asthma. In 2019, nearly two million cases of childhood asthma were linked to nitrogen dioxide pollution.

The good news is that lowering your health risks from indoor pollution is possible with these tips from Harvard Health:

- **Ventilate your kitchen when cooking.** Opening your windows while using a gas appliance or having an exhaust fan will move the air outdoors. Though this is not helpful for outdoor pollution, it lowers your risk of exposure to unhealthy air.
- **Use air purifiers.** Air purifiers do not remove every pollutant, but they may improve your indoor air quality. Choosing one with a high enough clean air delivery rate to work for the size of your room is essential. Make sure to replace the filters whenever they get dirty!
- **Switch to electric appliances.** Many appliances are offered in electric formats and work even better than those that require gas. Changing to an electric kettle and cooking with an electric slow cooker, rice cooker, toaster oven, or microwave can decrease indoor pollution. Some states also offer rebates for replacing your gas stove with an electric stove.

Various options for preventing indoor pollution are available for people who want to take steps for a healthier planet and home.

10,000 or Bust?

The 10,000 steps per day metric sticks in peoples' minds, but the origin of that advice is a bit unclear. While many people seek 10,000 steps a day to reach fitness goals, this number may not be the be-all and end-all, according to Everyday Health.

A recent study in *JAMA Internal Medicine* investigated the benefits of 10,000 steps a day to determine whether more daily steps are associated with fewer deaths in older women. Researchers found that women who averaged 4,400 steps a day had a 41% lower mortality rate than women who averaged 2,700 steps. The mortality rate progressively decreases with more steps, but the positive effects taper off beyond 7,500 steps per day.

Despite the benefits of more steps, they are not the only crucial aspect of health. Sleep quality, stress management, and diet play a large part in health. While counting steps is a good way to track your activity, a holistic and enjoyable health goal is key to your overall wellness.



Walk the Talk

Walking helps you stay in shape without adding strain to your joints, and it can be integrated into daily tasks. Why not start your day that way? Jumpstarting the morning with a walk can help you ease into your day and yield various benefits, according to Healthline:

- Boost energy
- Improve mood
- Get exercise done for the day
- Prevent or manage health conditions
- Strengthen muscles
- Improve focus and creativity
- Improve sleep quality
- Inspire other healthy choices

A 30-minute walk can do wonders for your body and mind. Making walking a part of your routine brings focus to your health right at the start of the day.



2022 CMA (AAMA)® Compensation and Benefits Report

The CMA (AAMA)

Employers are increasingly demanding that their medical assistants have a CMA (AAMA)® credential.¹ Every day the AAMA responds to more than 100 employer requests for CMA (AAMA) certification verification—for both current and potential employees.² Such demand is often due to the pressures of potential malpractice suits and the certification mandates placed on employers by managed care organizations.³

Medical assistants and medical assisting educators across the country enthusiastically participated in the 2022 Compensation and Benefits Survey conducted by the American Association of Medical Assistants® (AAMA). More than 10,000 medical assistants completed the survey.

The AAMA emailed an electronic ques-

tionnaire to nearly 80,000 CMAs (AAMA) and AAMA members and announced the survey via the AAMA Facebook page (over 51,000 followers). The majority of respondents (82%) were medical assistants, while about 4% identified themselves as medical assisting educators. Approximately 3% of respondents identified themselves as medical practice managers, while about 4% identified as both medical assistants and medical assisting educators. Most of the participants had earned the CMA (AAMA) credential (97%) and were members of the AAMA (74%).

Statistical Significance and Terms Used

The large number of participants ensures that the results have a high degree of statistical significance. The overall margin of error for the 10,141 responses is $\pm 0.97\%$ at the 95% confidence level. The margin of error should be treated only as an approximation, since margin of error calculations are based on pure random selection, which is not achievable in traditional survey settings where response is voluntary. The $\pm 0.97\%$ margin of error applies to overall statistics based on the total respondents to the survey; smaller breakout groups presented

throughout the report have higher margins of error. Judgments based on statistics with very low sample sizes should be made with caution. Statistics are rounded to the nearest whole number.

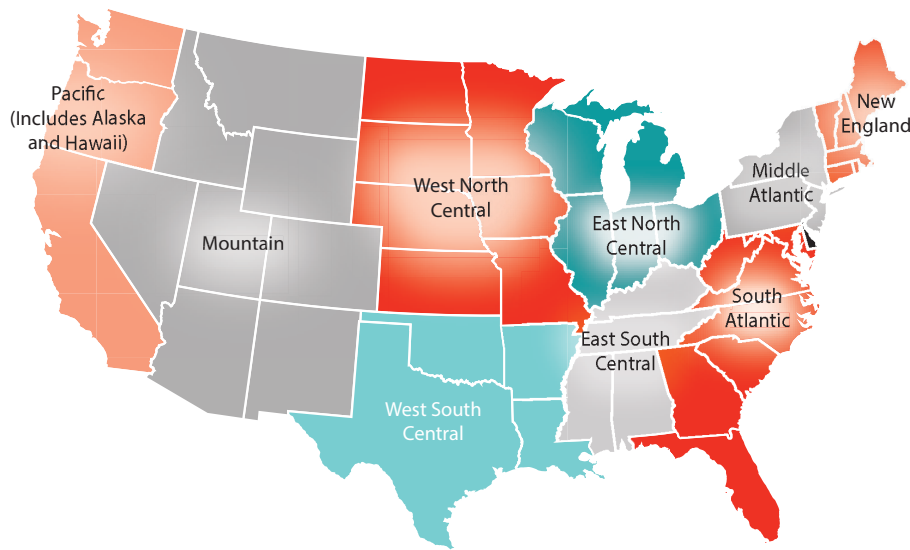
Employee Pay Rate and Status

Both hourly pay rates and annual gross salaries were collected on the survey. Approximately 98% of full-time medical assistants are paid hourly, while roughly 2% are paid by annual salary. Of the 7,711 respondents who are practicing medical assistants, approximately 91% work full time while 9% work part time. For the purposes of this report, results represent compensation and benefits for the full-time employee population.

Compensation

Overall, of those surveyed, full-time medical assistants holding a current CMA (AAMA) certification earn an average of \$20.76 per hour or an average annual salary of \$39,085.88. Average hourly wages and salary varied for CMAs (AAMA) according to years of experience and other factors, which are broken down as follows.

Figure 1. Regions Based on the United States Census Divisions



Note: Data presented in this report represent current-dollar values (i.e., dollar amounts are not adjusted for cost of living by region). To learn more about constant-dollar values in your region, search online to view cost-of-living adjustments for individual locations.

Table 1.

Geographic Region	Average Full-Time CMA (AAMA) Pay by Years of Experience (\$)					
	0–2 years	3–5 years	6–9 years	10–15 years	16 years+	Overall
Northeast						
New England	19.54 35,939	20.31 36,629	21.56 40,757	22.80 44,866	23.41 45,000	21.79 41,386
Middle Atlantic	18.52 35,011	19.17 35,733	20.31 38,394	21.54 42,202	22.67 45,129	20.43 39,245
Midwest						
East North Central	17.86 32,438	19.00 35,051	19.98 36,714	20.91 38,724	22.43 41,360	20.22 37,178
West North Central	18.73 34,474	20.06 37,279	21.74 39,747	22.71 42,462	23.71 43,789	21.94 40,375
South						
South Atlantic	17.42 32,631	17.96 34,150	18.86 36,173	20.25 38,483	21.11 40,511	19.36 36,885
East South Central	16.07 31,319	17.22 31,622	18.66 36,563	19.13 35,760	21.14 40,032	18.85 35,560
West South Central	17.04 31,868	17.58 35,655	18.53 38,192	20.17 41,578	20.88 41,036	18.98 37,957
West						
Mountain	18.49 34,891	19.41 36,007	21.00 40,799	23.00 42,220	23.18 44,685	21.20 40,053
Pacific	21.94 40,578	23.40 44,544	24.69 48,990	25.77 50,924	26.48 53,327	24.52 47,958

By Geographic Region

The average annual earnings and hourly wages were computed for geographic regions of the United States (Figure 1). The Pacific region showed the highest earnings for full-time current CMAs (AAMA), with averages of \$47,958.04 annually and \$24.52 hourly. Across the country, the New England region turned in the second-highest annual earnings (\$41,386.08), while West North Central region had the second-highest hourly wages (\$21.94). The full comparison is shown in Table 1.

By Work Setting

The overwhelming majority of CMA (AAMA)-certified medical assistants surveyed work in physicians' practices. More than 92% of medical assistant respondents are employed in that setting, with roughly 2% in ambulatory surgery and another 3% in "other." About 2% of respondents work in inpatient settings. The breakdown of wages and earnings by work setting is shown in Table 2. Figures for home health settings are not listed due to insufficient response numbers.

By Practice Specialty

About 60% of medical assistant respondents who are CMA (AAMA) certified work in a primary care practice. Another 34% work in practices with other medical and surgical specialties. The income figures for practice specialty are shown in Table 3.

By Number of Specialties

Almost 54% of CMA (AAMA) respondents work in a single-specialty practice, while 44% work in a multispecialty setting. The income figures for full-time current CMAs

Table 2.

Work Setting	Average Full-Time CMA (AAMA) Pay by Years of Experience (\$)					
	0–2 years	3–5 years	6–9 years	10–15 years	16 years+	Overall
Physician practice	18.53 34,156	19.39 35,756	20.54 38,567	21.53 40,593	22.73 43,015	20.76 38,857
Ambulatory surgery	17.87 35,694	18.22 41,625	20.63 39,214	23.37 46,065	23.59 48,214	20.81 42,019
Inpatient setting	18.92 35,816	18.90 39,853	20.68 49,152	21.64 47,383	22.38 46,283	20.31 43,287
Other	20.06 36,885	20.49 39,075	19.98 37,362	22.93 44,231	22.51 44,330	21.37 40,686

Table 3.

Practice Specialty	Average Full-Time CMA (AAMA) Pay by Years of Experience (\$)					
	0–2 years	3–5 years	6–9 years	10–15 years	16 years+	Overall
Primary care	18.41 34,068	19.38 35,979	20.34 38,495	21.49 40,472	22.69 42,778	20.63 38,690
All other medical and surgical specialties	18.66 34,773	19.65 37,967	21.02 39,862	21.94 42,152	23.08 44,220	21.15 40,278
Other	18.94 34,841	19.46 35,626	20.61 39,005	21.56 41,059	22.26 42,757	20.75 39,092

Table 4.

Number of Specialties	Average Full-Time CMA (AAMA) Pay by Years of Experience (\$)					
	0–2 years	3–5 years	6–9 years	10–15 years	16 years+	Overall
Single specialty	18.60 34,916	19.24 35,726	20.34 38,861	21.45 41,001	22.70 43,678	20.72 39,308
Multiple specialties	18.69 34,264	19.83 37,184	20.85 38,685	22.01 41,170	23.02 43,519	21.06 39,306
Other	18.70 34,211	19.27 36,417	20.19 38,519	21.81 41,732	21.89 39,141	20.33 38,070

(AAMA) by number of specialties are listed in Table 4.

Employment Benefits

Roughly 97% of all full-time CMAs (AAMA) receive some form of benefits package from their employer.

Insurance

About 83% of full-time CMAs (AAMA) receive paid vacation. Nearly 83% receive dental coverage, while 74% receive major medical coverage. Almost 78% receive vision coverage, and about 64% receive disability coverage. The full range of benefits for full-time CMAs (AAMA) is shown in Figure 3.

AAMA Membership and Conference

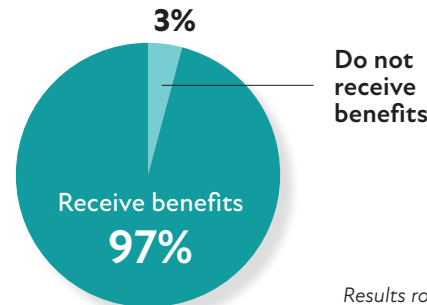
When asked if employers offer to help pay for various AAMA expenses, about 12% of full-time medical assistants who are AAMA members responded that their employers pay their membership dues in full (Figure 4). In addition, approximately 6% have their annual conference registration fees paid for in full, and nearly 4% have travel and lodging paid by their employers. ♦

The American Association of Medical Assistants thanks all the participants who made this report possible.

References

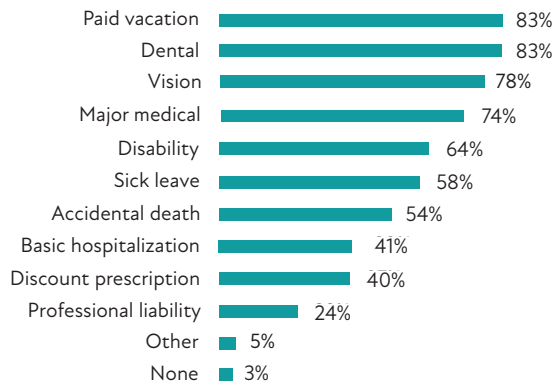
1. Balasa DA, Johnson A. CMA (AAMA) certification: Why it is the premier credential. *CMA Today*. 2015;48(6):6-7. November 2015. Accessed October 7, 2022. <https://www.aama-ntl.org/docs/default-source/other/nd-pa.pdf>
2. What is a CMA (AAMA)*? American Association of Medical Assistants. Accessed October 7, 2022. <http://www.aama-ntl.org/medical-assisting/what-is-a-cma>
3. Balasa DA. Why more employers are hiring CMAs (AAMA). *CMA Today*. 2013;46(5):6-7. January 2007. Updated September 2013. Accessed October 7, 2022. <http://www.aama-ntl.org/cma-today/archives/article?id=b286d24a-4840-6a90-a81c-ff00003b2c18>

Figure 2. Benefits received by full-time CMAs (AAMA)



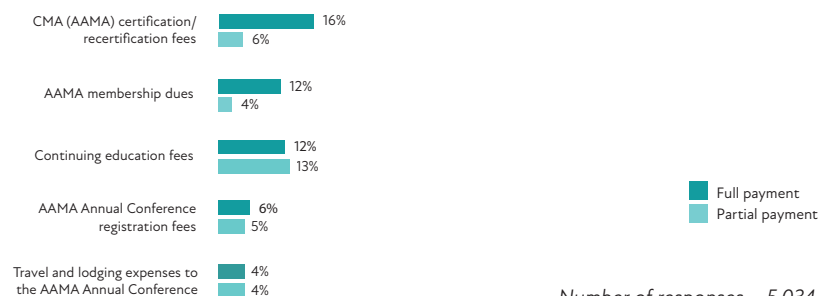
Number of responses = 8,133
Results rounded to the nearest whole number

Figure 3. Insurance benefits received by full-time CMAs (AAMA)

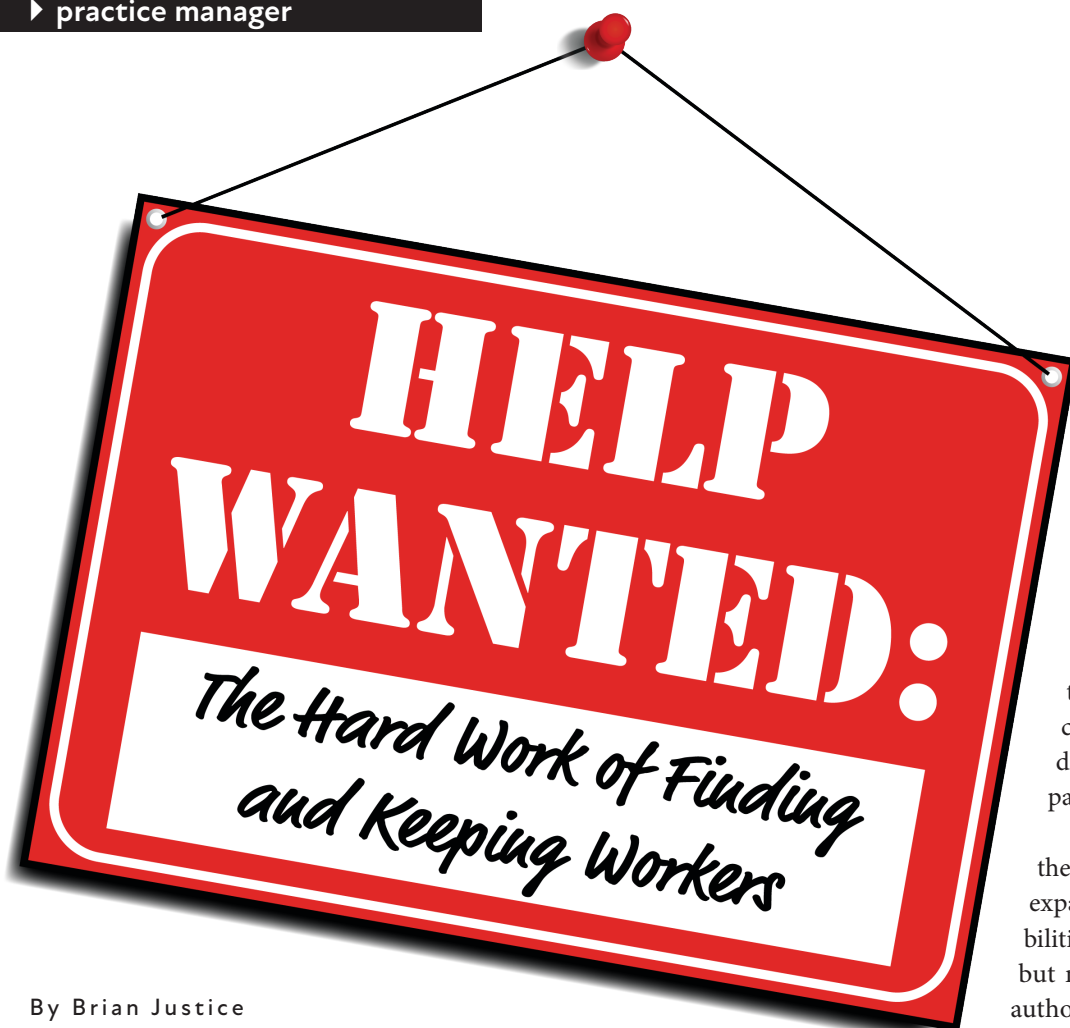


Number of responses = 8,133
Results rounded to the nearest whole number

Figure 4. Dues assistance received by full-time medical assistant AAMA members



Number of responses = 5,034
Results rounded to the nearest whole number



By Brian Justice

Labor shortages have plagued every industry in the United States over the last two years, and health care is no exception. In early 2022, the number of available jobs—11.3 million—was nearly twice the number of unemployed workers.¹ In the health care space occupied by medical assistants and similar positions, 6.5 million workers are expected to leave their jobs in the next five years, with fewer than 2 million ready to take their place.²

“It’s no secret that the American health care system is understaffed and overworked,” says Ryan Hetrick, CEO of Epiphany Wellness in Blackwood, New Jersey. “The lack of medical assistants and other support staff is a major problem in ambulatory care centers, especially [because] many patients are now relying on such centers for their primary care.”

Statistics back Hetrick up. A majority of health care leaders (88%) reported difficulty recruiting medical assistants, according to

a Medical Group Management Association poll.³

This shortage is drawing comments and attention from top government officials. “The nation’s health depends on the well-being of our health workforce,” says Surgeon General Vivek Murthy. “Now, we owe them a debt of gratitude and action. And if we fail to act, we place our nation’s health at risk.”⁴

IN HIGH DEMAND

Labor shortages affect health care facilities in every region and state, regardless of need, population, or practice.

“It’s been really tough,” says Nora Clemmens, CMA (AAMA), a medical assistant with miCare, an on-site clinic for employees of Yakima, Washington (i.e., an employer-sponsored health care clinic). “We’re in a remote place and have to be self-sufficient. We were a testing site for COVID-19 and came up with good guide-

lines and processes but still did not have enough hands for full coverage.”

Labor shortages are not new. Even before the COVID-19 pandemic, burnout among health care workers had reached crisis levels, according to the National Academies of Medicine.⁴ And even though COVID-19 has waned, burnout is still a problem.

“Attrition in health care can be a life-or-death issue,” says Joanna Bendarzewski, senior partner at Culture Partners in Temecula, California. “Burnout is rampant throughout the industry, and health care employees feeling unsupported, distrusted, or even fearful can impact patient safety issues.”

Further complicating the issue, as the demand for medical assistants has expanded, so too have their responsibilities. Regulations vary among states, but many medical assistants are now authorized to perform nasopharyngeal swabbing, administer vaccines, participate in telehealth, and provide more services in outpatient behavioral health clinics.³ The combination of a broadening scope of practice and predicted decrease in medical assistants entering the workforce makes restoring health care worker numbers a pressing need.

GET BACK TO BUSINESS

Practice managers can play a key role in overcoming challenges caused by labor shortages. “Start by utilizing current staff to their fullest capacity,” advises Aaron Olman, cofounder of People on Point in Morristown, New Jersey, which advises companies on increasing productivity by reorganizing systems and processes. “Incentivize part-time or per diem employees on a shift-per-shift basis or with bonuses for hitting a certain number of increased hours over a predetermined period. If possible, increase base compensation or sign-on bonuses for new employees willing to commit to a certain

number of hours.”

Employers should also take a fresh look at the way they review résumés and communicate with potential employees, according to Nathan Lenyszyn, MBA, vice president of marketing at HealthLink Dimensions in Atlanta, Georgia.

“Since the demand for health care support professionals has greatly increased, don’t discard an applicant if they appear to have job jumped a little,” advises Lenyszyn. “While that used to indicate potential issues, now there’s the good chance that they made changes because they can make more money somewhere else. ... That doesn’t mean a bad hire, though.”

He also advises that, even in the current environment, employers avoid shortcuts like not checking references.

Additionally, while text messaging is now a common way to source candidates and coordinate interviews, typos and other mistakes are easy to make. “No matter how the text from the candidate reads, maintain a constant level of professionalism on your end and make sure that your messages reflect that,” adds Lenyszyn.

TEAMWORK WORKS

Clemmens has seen human resources (HR) adjust to the new status quo. “[HR departments] have changed the way they look for and hire people,” says Clemmens. “[They are implementing] referral bonuses after a new hire has been on board for 90 days, proactively contacting people from schools, and changing job descriptions to better fit people already on staff.”

Employers can also reorganize existing teams, suggests Jeremy Gray, CMA (AAMA), director of medical operations at the Charleston Men’s Clinic in Mount Pleasant, South Carolina.



“Everyone in our organization had to step up and assume multiple roles to accommodate the needs of our patients,” says Gray. “But we take the strain off everyone we can when we have extra time throughout the day, and to retain talent we offer more competitive salaries, flexible work schedules, and [paid time off] benefits.”

In the face of increased demand and decreased resources, creating a supportive culture is critical, suggests Bendarzewski.

“After exhausting all your options to attract talent, leverage culture. That should be considered a must-have in a new business model,” says Bendarzewski. “Creating a positive experience aligns the organization and drives accountability. [It] not only helps retain great employees but also attracts new ones as the organization’s good reputation grows.”

The caring professions require a genuine manifestation of just that—care. New or revised strategies or tactics for finding and—more importantly—retaining employees cannot replace genuine concern for all stakeholders.

“With the added strain of our employee shortage, it has been difficult to keep relationships and rapport,” says Gray. “Nevertheless, we place a lot of pride in providing patients with the best level of care we are able to give them.” ♦

REFERENCES

1. Cox J. There are now a record 5 million more job openings than unemployed people in the U.S. CNBC. March 29, 2022. Accessed October 15, 2022. <https://www.cnbc.com/2022/03/29/there-are-now-a-record-5-million-more-job-openings-than-unemployed-people-in-the-us.html>
2. Bateman T, Hobaugh S, Pridgen E, Reddy A. *US Healthcare Market Labor*. Mercer. Accessed October 15, 2022. <https://www.mercer.us/content/dam/mercer/assets/content-images/north-america/united-states/us-healthcare-news/us-2021-health-care-labor-market-whitepaper.pdf>
3. Harrop C. MAs MIA? The COVID-19 pandemic made hiring medical assistants harder than ever. *MGMA Stat*. May 6, 2021. Accessed October 15, 2022. <https://www.mgma.com/data/data-stories/mas-mia-the-covid-19-pandemic-made-hiring-medical>
4. New surgeon general advisory sounds alarm on health worker burnout and resignation. Press release. US Department of Health and Human Services. May 23, 2022. Accessed October 15, 2022. <https://www.hhs.gov/about/news/2022/05/23new-surgeon-general-advisory-sounds-alarm-on>

TIPS FOR DECREASING STAFF TURNOVER

Rebecca Dufner, MD, MBA, shares tools for reducing turnover in the health care workplace⁵:

Define and declare the purpose of your organization. Defining an organization’s purpose, whether organizational, broad, or niche, in a clearly stated mission statement drives buy-in from staff by articulating a collective purpose.

Get to know each member of the team. Invest time into each team member to understand their priorities and goals, anticipate what makes them happy in their roles, and provide projects and opportunities to keep their activities meaningful and engaging.

Build an organizational structure of matching hiring practices to roles. Consider how long someone is expected to remain in their position, then create and leverage opportunities for growth to maximize duration and minimize turnover.

Reorganize management if needed. People management is not a nicety—it is essential. However, research on competitiveness around salary and benefits is time-consuming. Investing in a business manager or—better yet—promoting an already strong employee into such a role can be advantageous to a practice.

- health-worker-burnout-and-resignation.html
5. Dufner RY. Five tools to decrease staff turnover in your medical practice. *Op-Med*. January 21, 2022. Accessed October 15, 2022. https://opmed.doximity.com/articles/5-tools-to-decrease-staff-turnover-in-your-medical-practice?_csrf_attempted=yes



Spot the Signs of Prospective Educators in Your Classroom

By Cathy Cassata

While students rely on educators' teaching skills to learn about the medical assisting profession, some may find themselves in educators' shoes one day—teaching aspiring medical assistants like they once were.

Current educators are in good positions to spot students who are well-suited for the other side of the classroom.

"Over the 20 years I've been teaching medical assisting, I've had several students who I thought had what it takes to be a good teacher," says Tiffany Heath, LPN, CMA (AAMA), lead educator at the National Institute for Medical Assistant Advancement in Middletown, Connecticut.

She believes providing quality education comes down to people skills. "Do you have it in you to be patient and review for the fourth time how to set something up and do something? If you're quick to get frustrated or unable to be patient with people, then teaching might not be for you," says Heath.

Witnessing how students interact with their peers in the classroom, conduct themselves in laboratories, and communicate via email, text, or another electronic form are all

ways Heath evaluates whether any students are educator material. She explains that all these situations show whether a student has the essential traits:

- Professionalism
- Courteousness
- Attentiveness
- Proficiency in applying information

Students willing to help their peers in and outside the classroom particularly stand out to her. "If a student asks if someone can help them figure something out, I'll watch to see who volunteers, and then ... I observe the interaction to see whether they are providing guidance, doing the work for them, or barking orders at them," says Heath.

Two other traits to look for in potential educators are adaptability and confidence, says Amber Durst, MS, BHSA, CMA (AAMA), medical assistant program director at Baker College of Cadillac in Cadillac, Michigan.

"With both health care and education changing constantly, educators need to be ready to adapt to new ways and techniques

with grace and patience," she explains.

Get Students Clued In

Most states require that medical assistants have at least three to five years of work experience to become an educator,¹ depending on their medical assisting credentials. This requirement is effective, according to Tina Lugibihl, CMA (AAMA), an educator at Bitterroot College in Hamilton, Montana. As a medical assistant with 25 years of experience, being a preceptor for medical assisting students inspired her to start educating.

"I felt a lot of the students weren't ready for the job market because they had a hard time holding a conversation with patients to make them comfortable as they roomed them," says Lugibihl. As an educator, she believes she can help students learn how to communicate with patients in the classroom before heading into real-world situations.

"I share strategies with them like before rooming a patient, read their chart to learn something about them, so you can break the ice," she says. However, she adds that practicing this on the job for a few years is



the best way for medical assistants to hone the skill. She suggests medical assistants work as a preceptor before becoming an educator. “When you’re a preceptor, you’re teaching students how to do your job so they can go on and find their own job. We’re all sort of teachers [when] we start being preceptors,” says Lugibihl.

Heath agrees and recommends her students build confidence and challenge themselves. “When I tell a student they could be an educator someday, many say they aren’t good at public speaking,” she says.

Heath urges students to speak out by presenting in the classroom and rehearsing public speaking independently. “I tell them that when I have a class of 30 people, I’m obligated to lead them and want to help them, so that takes away the scare factor,” she says.

Another way to prepare students to become future educators is by advising them to take on additional roles and duties at their job. “[Students should] learn about tasks that are outside of their comfort zone [and] continue to learn about the medical assisting career and all its parts,” says Durst. For instance, she suggests becoming a laboratory assistant after graduation to get exposure to the educational side of medical assisting. Once employed, taking on patient educational roles—like relaying diabetes management information from physicians to patients—can help build confidence in teaching.

How to Magnify Talent

Students can become involved in American Association of Medical Assistants® (AAMA) local chapter and state society meetings to help them network with current educators, or they can check out the Educators Forum section of *CMA Today* for firsthand knowl-

edge of topics relevant to educators.

Gaining familiarity with the technology used in the classroom is also helpful to prospective educators, notes Heath. “I choose to take online Microsoft computer courses just to prepare for how to best present materials,” she says. “MaxKnowledge is also [a] great [program] for someone who has never taught before because it covers introductory things—like how to deal with certain situations—and offers courses on expectations for the first year [of educating].”

Understanding applications like Zoom is useful, though Heath points out that many schools teach educators common technologies during onboarding because colleges may use different programs.

For students who want to understand educator salaries, the 2022 *Medical Assisting Educator Compensation and Benefits Report*,² published by the AAMA, includes the following information:

- Salary information by years of experience
- Insurance benefits received by full-time educators
- Employer coverage of AAMA membership dues

By keeping an eye out for potential educators and providing them with support and resources, educators can positively influence not only future medical assistants but also those who will teach forthcoming generations of medical assistants. ♦

References

1. Medical assisting instructor jobs – how to get them. MB-Guide.org. Accessed October 14, 2022. <http://www.mb-guide.org/medical-assisting-instructor-jobs.html#ixzz7coyxSsWj>
2. Compensation and benefits. American Association of Medical Assistants. Accessed October 14, 2022. <https://www.aama-ntl.org/medical-assisting/comp-benefits>

Agents of Success

To understand what students value in educators, Robert J. Walker, EdD, asked college students majoring in education to share the outstanding characteristics of their most effective educators. For 15 years, Walker gathered information through discussions with students and writing assignments.

Walker concluded that effective educators share the following 12 clear characteristics that affect students in positive ways³:

1. Prepared
2. Positive
3. Hold high expectations
4. Creative
5. Fair
6. Display a personal touch
7. Cultivate a sense of belonging
8. Compassionate
9. Have a sense of humor
10. Respect students
11. Forgiving
12. Admit mistakes

3. Walker RJ. A longitudinal, qualitative, quasi-research study of in-service and pre-service teachers’ opinions. *Educational Horizons*. 2008;87(1):61-68. Accessed October 14, 2022. <https://files.eric.ed.gov/fulltext/EJ815372.pdf>

A Touch of Kindness



By Cathy Cassata

Yota Vang, CMA (AAMA), was always interested in the health care field but did not know exactly which path to take. In 2015, she enrolled in Central Piedmont Community College to see where her interests would lead.

"I was coming out of a medical terminology class and an instructor approached me and said, 'I think you'd be a really good medical assistant,' but I had no idea what that was," says Vang.

That night, Vang researched medical assisting and felt it might be the perfect fit. Upon graduation, she was placed at Dermatology, Laser & Vein Specialists of the Carolinas in Charlotte for her practicum. Five years later, she is still working there. While she assists the dermatologist with medical dermatology, cosmetic surgeries, and laser vein removals, Vang spends most of her time assisting him with Mohs surgery, which is used to treat skin cancer.

"What I love most about this role is that each day challenges me to learn something new," says Vang.

She especially takes pride in explaining Mohs surgery and ensuring patients are pre-

pared and comfortable throughout the process. As patients wait for their tissue to be prepared and evaluated by the practice's laboratory, Vang helps bandage the surgical site. During this time, she taps into her communication skills and ability to relate to patients.

"Growing up in a working-class community, I experienced and saw concerns associated with seeking medical advice, and I know hearing the word *cancer* can be terrifying for anyone," explains Vang. "I like to think that I can relate to patients in a way that comforts [them] and eases their concerns related to the procedure."

Whether talking about her dog, favorite foods, waterfall hikes, or her seven nieces and nephews, Vang finds a way to connect with patients so they can take their minds off the surgery.

For some patients who undergo Mohs surgery, reconstructive surgery is necessary to restore the look and function of the skin. After the skin is tested, Vang notifies the patients of whether the cancer is clear and informs them of the reconstruction plan. Reconstructive surgery can take up to two hours, during which the patient is typically awake. This time is when Vang exudes extra compassion and empathy.

"I'm spending four to six hours with patients during which I am fully in tune with all they are going through," explains Vang. "I'm able to see their complete story from start to finish and witness how they process each stage."

For instance, she assisted a 74-year-old man who had cancer on his ear. She was there for the surgery, which required removing the entire top of his ear, and reconstruction, in which the physician used the patient's scalp to recreate his ear's rim.

"At the end of the surgery, the patient said to me, 'I don't know how I'm going to take care of this,' so I assured him that I'd bandage it really well and put Vaseline gauze around it to keep the entire area hydrated and moist for a week until he came back," says Vang. "He was so grateful and thanked me for helping him through it."

On a team with registered nurses and licensed practical nurses, Vang holds the distinguished position of team lead. Her role requires her to train new staff and lead a weekly meeting to discuss new procedures in the clinic, information from the physician, concerns from staff, and sentiments to inspire and motivate team members to work together.

"It doesn't matter whether I'm assisting with a procedure, learning a new skill, talking with a patient, or training a new employee. When you love your work and love what you're doing, you're going to be great at it and continue to thrive in it," says Vang. ♦

Add your voice to *CMA Today*

Expand your professional portfolio. Impress your boss. Sign up to be interviewed for an article in *CMA Today*.

Qualifications? Experience in medical assisting. That's it! Practicing medical assistants, practice managers, and medical assisting educators—all are welcome!

Fill out the form online under *CMA Today*/Call for Interviewees on the AAMA website.

"The best advice I would give medical assistants is to slow down when working with patients with mental health concerns. It's not about getting the patient in and out as quickly as possible. The patients want to feel like they are important to you. And they should be important to you."

—Jennifer McCabe, CMA (AAMA)

"Listening and understanding where [patients'] concerns come from help you and the patient feel more comfortable about sharing details. Empathy is something that every patient needs, and it creates a welcoming environment for any person. Mentoring and teaching your coworkers this approach builds your team's capacity for care and the patient's trust in them."

—Stacy Byers, CMA (AAMA)
Statesville, North Carolina

"In the classroom, I teach standards—how to draw blood, take blood pressure, talk to a patient—but when students go to [an association] meeting, they can learn so much from other attendees and speakers ... as well as engage in networking opportunities, learn about different job avenues, and more."

—Shannon Thomas, CMA (AAMA)
Dobson, North Carolina

"Price transparency increases trust between patients, providers, and staff. And word-of-mouth from a happy patient goes a long way."

—J. Robin Atkins, CMA (AAMA)
Augusta, Georgia

<https://aama-ntl.org/cma-today/interviewees>

UNITED STATES POSTAL SERVICE® (All Periodicals Publications Except Requester Publications)			
1. Publication Title CMA Today		2. Issue Frequency Bi-monthly	
3. Issue Date 10/1/2022		4. Issue Frequency Bi-monthly	
5. Complete Mailing Address of Known Office of Publication (Not printer) (Street, city, county, state, and ZIP+4®) 20 N. Wacker Dr., Ste. 1575, Chicago, IL 60606-2908		6. Annual Subscription Price \$60.00	
7. Complete Mailing Address of Headquarters or General Business Office of Publisher (Not printer) 20 N. Wacker Dr., Ste. 1575, Chicago, IL 60606-2908		8. Full Name and Complete Mailing Address of Publisher, Editor, and Managing Editor (Do not leave blank) American Association of Medical Assistants, 20 N. Wacker Dr., Ste. 1575, Chicago, IL 60606-2908	
9. Publication Title (Name and complete mailing address) American Association of Medical Assistants, 20 N. Wacker Dr., Ste. 1575, Chicago, IL 60606-2908			
10. Owner (Do not leave blank. If the publication is owned by a corporation, give the name and address of the corporation immediately followed by the names and addresses of all stockholders owning or holding 1 percent or more of the total amount of stock. If not owned by a corporation, give the names and addresses of the individual owners. If owned by a partnership or other unincorporated firm, give its name and address as well as those of each individual owner. If the publication is published by a nonprofit organization, give its name and address.) American Association of Medical Assistants, 20 N. Wacker Dr., Ste. 1575, Chicago, IL 60606-2908			
11. Known Bondholders, Mortgagees, and Other Security Holders Owning or Holding 1 Percent or More of Total Amount of Bonds, Mortgages, or Other Securities. If none, check box <input checked="" type="checkbox"/> None Full Name Complete Mailing Address N/A N/A			
12. Tax Status (For completion by nonprofit organizations authorized to mail at nonprofit rates) (Check one) <input type="checkbox"/> The purpose, function, and nonprofit status of this organization and the exempt status for federal income tax purposes. <input type="checkbox"/> Has Not Changed During Preceding 12 Months. <input checked="" type="checkbox"/> Has Changed During Preceding 12 Months (Publisher must submit explanation of change with this statement)			

13. Publication Title CMA Today		14. Issue Date for Circulation Data Below September/October 2022	
15. Extent and Nature of Circulation		Average No. Copies Each Issue During Preceding 12 Months	
a. Total Number of Copies (Net press run)		30,661 30,005	
b. Paid Circulation (By Mail and Outside the Mail)		28,428 27,679	
c. Total Paid Distribution (Sum of 15b (1), (2), (3), and (4))		28,428 27,679	
d. Free or Nominal Rate Distribution Outside the Mail (Carriers or other means)		734 826	
e. Total Free or Nominal Rate Distribution (Sum of 15d (1), (2), (3), and (4))		734 826	
f. Total Distribution (Sum of 15c and 15e)		29,161 28,505	
g. Copies not Distributed (See instructions to Publishers #4 (page 4))		1,500 1,500	
h. Total (Sum of 15f and g)		30,661 30,005	
i. Percent Paid (15c divided by 15h times 100)		92.5% 92.1%	

UNITED STATES POSTAL SERVICE® (All Periodicals Publications Except Requester Publications)			
16. Electronic Copy Circulation		Average No. Copies Each Issue During Preceding 12 Months	
a. Paid Electronic Copies		28,428 27,679	
b. Total Paid Print Copies (Line 15c) + Paid Electronic Copies (Line 16a)		28,428 27,679	
c. Total Paid Distribution (Line 15c) + Paid Electronic Copies (Line 16a)		28,428 27,679	
d. Percent Paid (Both Print & Electronic Copies) (16b divided by 15h times 100)		92.5% 92.1%	
<input checked="" type="checkbox"/> I certify that 95% of all my distributed copies (electronic and print) are paid above a nominal price.			
17. Publication of Statement of Ownership <input checked="" type="checkbox"/> If the publication is a general publication, publication of this statement is required. Will be printed in the November/December issue of this publication. <input type="checkbox"/> Publication not required.			
18. Signature and Title of Editor, Publisher, Business Manager, or Owner Managing Editor		Date 10/1/2022	

Re-member!

Renew your membership by December 31.



You have our eternal gratitude for the ongoing work you're doing during the COVID-19 pandemic and beyond.

Thank you for the incredible strength, kindness, and skill you demonstrate every day.



AMERICAN ASSOCIATION
OF MEDICAL ASSISTANTS®