

May/June 2023

Published by the American Association of Medical Assistants®

# CMA<sup>CM</sup>Today



**Organ and Tissue Donors  
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# Feeling Good about the Future



Time flies when you're having fun, but we need to take time to feel good about our accomplishments. The AAMA has many new projects on the horizon, as I saw firsthand during the productive winter Board of Trustees meeting, the AAMA Certifying Board meeting, and the Continuing Education Board meeting.

I am proud that we have a diversified organizational structure supporting AAMA members, which is working hard on new projects:

- The AAMA committees have created new membership benefits (a discount and free CEU) for 2023–2024 membership renewals.
- The Awards Committee has created a new Excel Award category—the AAMA Rising Star Awards.
- The Career Professional Development Committee is working on another outstanding program to boost your skills and résumé; watch for details later this year!
- The Leadership Development Strategy Team held an informative virtual leadership presentation and is planning more virtual opportunities, including a meeting and session for those attending the State Leaders Session at the 2023 AAMA Annual Conference.
- The Marketing Strategy Team continues researching new avenues to promote the medical assisting profession and build community recognition, and they are planning Medical Assistants Recognition Week 2023.
- The AAMA is in the early stages of updating the website.
- The Annual Conference Committee is working to enhance everyone's conference experience with new, exciting opportunities. (Please familiarize yourself with the registration brochure. If you are serving as a delegate, read and review your delegate packet when it's available, which lists the House of Delegates agenda and requirements.)

Along with May flowers and leadership achievements, this is the time of year for celebrating new chapter and state society leaders. The Board of Trustees (BOT) Representatives Bureau members were delighted by the opportunity to network with state society members and leadership. We thank the societies for their hospitality and for sharing ideas with the BOT representatives during their state meetings.

We also join medical assisting educators in celebrating graduating medical assisting students and encouraging them as they take certification exams and join the profession. Welcoming and mentoring new members and students will help to encourage their creative ideas, which will increase membership participation and nationwide recognition.

I challenge you to invite coworkers, peers, and friends to state society or local chapter meetings to share the value of networking and continuing education. Or, introduce yourself to someone unfamiliar at a meeting. You can network *and* positively impact someone's day.

I am grateful to all my mentors and friends who have encouraged, supported, and educated me. I also thank them for including me in their circle of friends. Let's all reach out and be inclusive and welcoming to others joining our AAMA family.

**Deborah Novak, CMA (AAMA)**  
2022–2023 AAMA President



## 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.

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Provide a Lifesaving Gift**

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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.

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**Contact us** at [CMAToday@aama-ntl.org](mailto: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.

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# AAMA update

## Forms Due Soon

Find all these forms, deadlines, and more on the “Guidelines and Forms” webpage, which is accessible via the “Volunteers” drop-down menu:

**State and Chapter Officer Election Notification Form.** *State and chapter officers*—don’t miss important mailings! Complete and submit this form to [OfficerNotification@aama-ntl.org](mailto:OfficerNotification@aama-ntl.org) by **June 1**.

**AAMA Life Membership Applications.** *State officers*—nominate an outstanding leader of the AAMA for national Life Membership by sending the application to [EMercado@aama-ntl.org](mailto:EMercado@aama-ntl.org) by **June 1**.

**Delegate and Alternate Submission Form.** *AAMA members and state presidents*—note this deadline:

- *Members*—talk to your state president about serving as a delegate or alternate in the AAMA House of Delegates. If you are attending but not serving in the House, consider volunteering to serve on a House committee.
- *State presidents*—complete and submit this form to [EMercado@aama-ntl.org](mailto:EMercado@aama-ntl.org) by **June 25**. ♦

## Let Your Dreams Come True! Register Online for the 2023 Conference

Register online for the 67th AAMA Annual Conference via Cvent.

For more details, including how to register for conference via Cvent, visit the “Conference” webpage of the AAMA website. (Access the “Conference” webpage via the “News & Events” tab’s drop-down menu.)

**Conference registration deadline:** Aug. 22, 2023

**Conference dates:** Sept. 22–25, 2023



## Claim Your Space in the Happiest Place on Earth

Reserve your spot in the AAMA room block at the host hotel by Aug. 30, 2023, to take advantage of the conference registration discount. You must provide a reservation confirmation number from the Hilton Orlando Lake Buena Vista–Disney Springs Area to get the conference registration discount.

**To make a hotel reservation, go online or call the hotel:**

- <https://book.passkey.com/go/AAMA2023>
- 800/782-4417

**Hotel registration deadline:** Aug. 30, 2023 ♦

## On the Web

### Conference Advertising Under News & Events/Conference

Looking to honor one of your leaders or voice your support of a candidate for the AAMA Board of Trustees? Place your order for an ad in the AAMA Annual Conference on-site program by completing the Ad Insertion Order Form. (*Space is limited.*)

### Check Certification Expiration Under My Account/My Certification Information

CMAs (AAMA) can double-check their certification expiration dates on the AAMA website. Sign in or create an account to stay ahead of the curve.

### Recertify Online Under Continuing Education/Apply to Recertify by CE

Current CMAs (AAMA) can recertify online—regardless of having all 60 or as few as 30 recertification points from AAMA continuing education sources. Recertification is just a few clicks away! ♦

## Subscribe to CMA (AAMA) In Sight

Get helpful tips on pertinent CMA (AAMA) certification—and recertification—topics with *CMA (AAMA) In Sight: For Medical Assistants with an Eye for Excellence*, an AAMA blog. Here’s just a glimpse of the pieces available online:

- “Air Support: The Sky’s the Limit When You Use Your CPR Card for Recertification”
- “Shed Some Light: The 2022 Roundup of Exceptional Medical Assistants”
- “Ahead of the Curve: How to Plan for Your Certification Deadline”

Subscribe to *CMA (AAMA) In Sight* by visiting <https://CMAAAMaInSight.wordpress.com/>, typing your email address in the right-side fillable box, and clicking “Subscribe.” Once subscribed, you’ll receive a notification for each new post. ♦



## AAMA Calendar

### Events

#### AAMA Annual Conferences

67th—Lake Buena Vista, FL	Sept. 22–25, 2023
68th—Grand Rapids, MI	Sept. 20–23, 2024

#### Medical Assistants Recognition (MAR)

MARWeek	Oct. 16–20, 2023
MARDay	Oct. 18, 2023

#### Board Meetings

Board of Trustees	July 7–8, 2023
Continuing Education Board	July 9–10, 2023
Certifying Board	July 21–22, 2023

#### 2023 Deadlines

Life Membership nominations	June 1
State officer election notification submissions	June 1
State delegates and alternates submissions	June 25
Conference program advertising	July 1
Excel Awards (Awards of Distinction, Student Essay, AAMA Rising Star Awards, and Medical Assistant Employer of the Year Awards) submissions	July 15
Excel Awards (State Society Excellence Awards) submissions	Aug. 1
National volunteer leadership applications	Aug. 1

Visit the “Guidelines and Forms” webpage (which is available via the “Volunteers” tab) to access the information hub for deadlines and forms. ♦

## New! Text Reminders for Recertification

The AAMA has launched a brand-new recertification reminder texting platform! Make sure your cell phone number on your AAMA profile is correct to receive reminders and tips about CMA (AAMA)® recertification. Allow the AAMA to track your deadlines and keep you updated on when you must take action to maintain your credential. ♦

## Enter the Excel Awards!

The AAMA Excel Awards bring recognition to the most excellent publications, promotions, people, and more! Here are the award categories:

- Medical Assistant Employer of the Year Awards
- Student Essay Competition
- AAMA Rising Star Awards
- State Society Excellence Awards
  - Excellence in Publishing
  - Excellence in Marketing, Promotion, and Recruitment
  - Excellence in Website Development
  - Excellence in Community Service
- Awards of Distinction
  - Medical Assistant of the Year Award
  - Leadership and Mentoring Award
  - Golden Apple Award

## Excel Awards Submission Info

**Instructions and forms:** Find details on the “Excel Awards” webpage. Click the “News & Events” tab, then “Conference” from the drop-down menu, then “Excel Awards” from the left-side menu.

**Deadline:** Submissions for the Awards of Distinction, Student Essay Competition, AAMA Rising Star Awards, and Medical Assistant Employer of the Year Awards must be emailed on or have a postmark deadline of **July 15, 2023**. All State Society Excellence Award submissions must be emailed on or have a postmark deadline of **Aug. 1, 2023**.

**Recognition:** State Society Excellence Award, Student Essay Competition, and AAMA Rising Star Award winners will be formally saluted at the Welcome and Awards Celebration on Friday, Sept. 22, 2023, held during the 2023 AAMA Annual Conference. Winners of the Awards of Distinction and Medical Assistant Employer of the Year Awards will be announced and honored at the Presidents Banquet on Sunday, Sept. 24.

# Why the Certifying Board of the AAMA and the Medical Assisting Education Review Board Are Accountable to Third Parties



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

I often receive questions about why the American Association of Medical Assistants® (AAMA) Board of Trustees (BOT) does not have the authority to override decisions of the Certifying Board (CB) of the AAMA and the Medical Assisting Education Review Board (MAERB). The short answer is that the CB and MAERB must have autonomy in policy decision-making to remain accredited and recognized by third parties.

## CMA (AAMA) Certification Program

### NCCA Accreditation

The CMA (AAMA) Certification Program is accredited by the National Commission for Certifying Agencies (NCCA) under the NCCA 2021 *Standards for the Accreditation of Certification Programs*<sup>1</sup> (*Standards*). To become and remain accredited by the NCCA, a certification program must demonstrate compliance with the following provisions of the *Standards*:

#### Standard 2: Governance and Autonomy

The certification program must be structured and governed in ways ... that ensure *autonomy* in decision-making over *all essential certification activities*.

...

A. ... The process for selection and removal of certification board members [protects] against any *undue influence* that could compromise the integrity of the certification process.

...

2: Essential certification decisions refer to the *core aspects of a certification program*, such as eligibility standards; standards for initial certification and maintaining certification [i.e., recertification]; disciplinary determinations; the development, administration, and scoring of examinations; and the selection of subject-matter experts.

...

5: ... Examples of undue influence can include ... pressure from a *parent organization* or outside entity to adjust certification standards.<sup>1</sup> [Emphases added.]

As the parent organization of the CMA (AAMA) Certification Program, the AAMA—through its BOT—is forbidden by the NCCA *Standards* from (for example) creating the *Content Outline for the CMA (AAMA) Certification Exam*<sup>2</sup>, determining the eligibility pathways, or establishing the minimum passing score for the CMA (AAMA) Certification Exam. These are considered essential certification activities and core aspects of a certification program and must be determined by the CB without undue influence by the BOT (or any other body). If the BOT were to veto or override decisions by the CB on these core aspects of the CMA (AAMA) Certification Program, the result would be a loss of NCCA accreditation.

### The Importance of NCCA Accreditation

Some state laws only recognize medical assisting certifications accredited by the NCCA. One example is present in Washington law:

#### WAC 46-827-0200 Medical assistant-certified—Training and examination.

An applicant for a medical assistant-certified credential must meet the following requirements:

...

(2) Pass a medical assistant certification examination, approved by the secretary, within five years of submitting an initial application. A medical assistant certification examination approved by the secretary means an examination that:

(a) Is offered by a medical assistant program that is accredited by the National

Commission for Certifying Agencies (NCCA); and

(b) Covers the clinical and administrative duties under RCW 18.360.050 (1).<sup>3</sup>

Another example can be found in California law:

#### Cal. Code Regs. Tit. 16, § 1366.31. Approved Certifying Organizations.

(a) An organization that certifies medical assistants may apply to the Board for approval. This application shall include the following information:

(1) Name and address of the applicant;

(2) Applicant's federal employee identification number (FEIN);

(3) Name, address, and telephone number of a contact person for the applicant;

(4) Documentation establishing that the applicant is accredited by the National Commission for Certifying Agencies (NCCA)<sup>4</sup>

### Accreditation Under ISO 17024

The CB is also accredited by the International Accreditation Service (IAS) under International Standard ISO/IEC 17024:2012(E), "Conformity assessment—General requirements for bodies operating certification of persons" (also known as ISO 17024). The requirements of ISO 17024 are similar to those of the NCCA *Standards*. The CMA (AAMA) Certification Program and the CB are the only medical assisting certification program and certifying body accredited under both the NCCA *Standards* and ISO 17024.

## Medical Assisting Education Review Board (MAERB)

For more reading, visit the AAMA Legal Counsel's blog:

# Legal Eye On Medical Assisting



## **Programmatic Accreditation of Medical Assisting Programs**

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) and the Accrediting Bureau of Health Education Schools (ABHES) are the only bodies authorized to programmatically accredit medical assisting programs. CAAHEP is recognized by the Council for Higher Education Accreditation (CHEA); ABHES is recognized by the United States Department of Education. A programmatic accrediting body accredits academic programs in a particular discipline. An institutional accrediting body accredits academic institutions as a whole.

### **MAERB's Relationship to CAAHEP**

MAERB is a committee on accreditation (CoA) of CAAHEP. A CoA is a board or committee that—in conjunction with CAAHEP—establishes accreditation *Standards* for academic programs for an allied health profession; conducts site visits of programs seeking initial or continuing accreditation; determines compliance of programs with the *Standards*; and makes accreditation recommendations to the CAAHEP Board of Directors. CAAHEP is the legal entity that accredits allied health education programs.

CAAHEP has policies that CoAs, such as MAERB, must abide by to remain CoAs of CAAHEP.

### **CAAHEP's Accountability to CHEA**

Because CAAHEP is recognized by the Council for Higher Education Accreditation (CHEA), it must comply with the *CHEA Standards and Procedures for Recognition*.<sup>5</sup> The following requirements apply to CAAHEP and other accrediting bodies seeking recognition by CHEA:

## **STANDARD 3. ACCREDITATION STRUCTURE AND ORGANIZATION**

A recognized accrediting organization demonstrates that it:

...

3.H. maintains independence from any sponsoring and/or parent organization with respect to all accreditation activities, reviews, actions, and decisions;

...

### **3.H. EXAMPLES OF SUGGESTED EVIDENCE:**

- Description of how the accrediting organization's accreditation activities are separate and independent from those of its parent.
- Memorandum of Understanding that confirms the separation.
- Formal (legal) documents ascertaining independence from sponsoring and/or parenting organization.
- Documents demonstrating legal authorization to operate as an accrediting organization.<sup>5</sup>

CAAHEP would lose its recognition by CHEA if it and its CoAs did not abide by the CHEA standards, including maintaining “independence from any sponsoring and/or parent organization with respect to all accreditation activities, reviews, actions, and decisions.”<sup>5</sup>

### **Sponsoring Organizations**

The AAMA is a sponsoring organization of MAERB. A sponsoring organization is defined by the *CAAHEP Policies & Procedures*<sup>6</sup> as follows:

**502 Sponsoring Organizations.** Sponsoring organization members are organizations or agencies that establish or support one or more Committees on

Accreditation and support the CAAHEP accreditation system.<sup>6</sup>

## **Summary**

The CB is accredited by the NCCA and IAS. These accrediting bodies require that the CB be autonomous in decision-making over core aspects of a certification program. The BOT is not permitted to exercise undue influence over policy decisions that the CB must make.

MAERB is a CoA of the CAAHEP. MAERB must abide by the policies of CAAHEP. CAAHEP is recognized by CHEA. CHEA requires CAAHEP and its CoAs to be separate and independent from parent organizations in formulating and executing accreditation policies and procedures. ♦

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*Questions? Contact Donald A. Balasa, JD, MBA, at [DBalasa@aama-ntl.org](mailto:DBalasa@aama-ntl.org) or 800/228-2262.*

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# IN THE DARK

## Shed Light on Sleep Apnea's Consequences and Treatments

By Brian Justice

**T**he adage “Sleep is the best medicine” holds true. In 2021, the American Academy of Sleep Medicine published a position statement asserting that sleep is essential to health.<sup>1</sup> While most people understand the importance of sleep and want to sleep the optimal amount, one-third of U.S. adults get less than the recommended amount of sleep, the lack of which is linked with many chronic diseases and conditions, including type 2 diabetes, heart disease, obesity, and depression.<sup>2</sup>

One common cause of interrupted sleep is sleep apnea. Sleep apnea is a disorder that causes frequent pauses in breathing while sleeping. Approximately 30 million Americans have it, but only about 6 million are diagnosed.<sup>3</sup> Two primary types exist: obstructive sleep apnea (OSA) and central sleep apnea (CSA). OSA occurs when the airway at the back of the throat is constricted or blocked during sleep. In response, the sleeper wakes up gasping for air, sometimes snorting or choking. CSA is less common—affecting less than 1% of people—and involves disrupted communication between the brain and the muscles that control breathing, causing breathing to become shallow and pause temporarily.<sup>4</sup>

### Put These Myths to Bed

Some common misconceptions about sleep apnea are prominent, notes sleep consultant Po-Chang Hsu, MD, MS.

“When people think about sleep apnea, they typically think of middle-aged, overweight men,” he says. “It’s often surprising for them to learn that it can also affect women, children, and people who are considered fit. That’s probably one reason it goes undiagnosed: people simply don’t realize they might be in a risk group and don’t seek help.”

Nevertheless, patients have general awareness and experience commonalities.

“Most patients are a little familiar with sleep apnea but don’t know all the parts of the puzzle,” says Susan Snyder, CMA (AAMA), a medical assistant at OhioHealth Neurology in Delaware, Ohio.

Jessica Blessinger, CMA (AAMA), a clinical educator with the Hancock Physician Network in Greenfield, Indiana, has observed the same. “With the accessibility of technology and the internet, most patients do some research and often come prepared with a log

of symptoms,” says Blessinger. She notes symptoms that indicate sleep apnea include “excessive daytime sleepiness, frequently waking up during the night, feeling exhausted during the day, and mentioning that their sleep partner has noticed a lack of breathing or excessive snoring.”

“Once they speak with the [physician], they may be a bit apprehensive, but people generally understand that treatment will help them and their families get a much better night’s sleep,” adds Snyder.

Associated consequences for adults include metabolic disorders, pulmonary hypertension, impaired memory and concentration, irritability, and depression,<sup>4</sup> and recent findings have uncovered additional dangers.



## Dreaming Up Solutions

While untreated OSA can accelerate the biological aging process, proper treatment can help reverse it, according to researchers from the University of Missouri School of Medicine.<sup>5</sup>

“Our results found that OSA-induced sleep disruptions and lower oxygen levels during sleep promoted faster biological age acceleration compared to the control group,” says Rene Cortese, a study author. “However, ... our results suggest that biological age acceleration is at least partially reversible [with] effective treatment.”<sup>5</sup> The team’s findings were associated with the use of a continuous positive airway pressure (CPAP) device.

Positive airway pressure therapy keeps the airway open with pressurized air pumped from a machine through a hose and mask worn on the face.<sup>4</sup> The most common type of positive airway pressure therapy uses a CPAP device that delivers a stream of air set to a consistent pressure level.

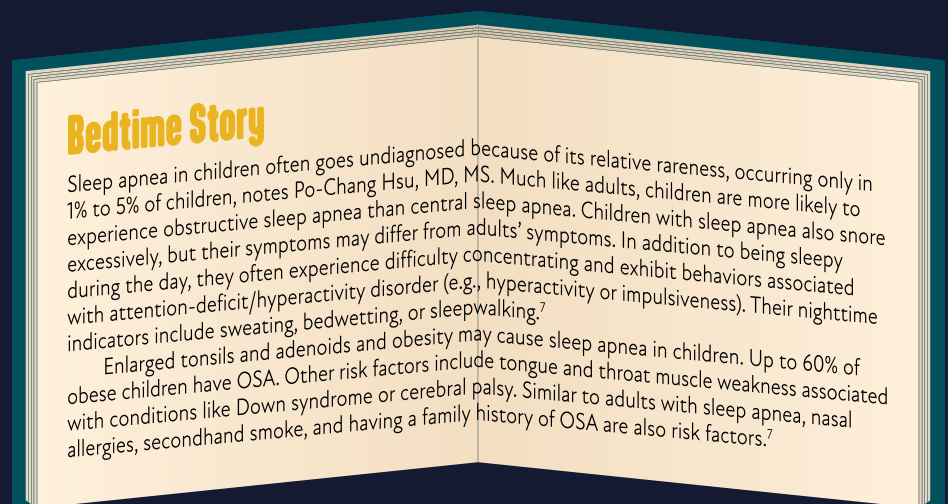
Surgery can be used to remove tissue throughout breathing passages to expand the airway or implant a device that stimulates nerves to help control breathing. Additional treatment commonly includes lifestyle changes such as losing weight, exercising regularly, avoiding sleeping on one’s back, and reducing alcohol consumption.<sup>4</sup>

More research is underway. A study at the Johns Hopkins Medicine Polotsky Research Lab has shown that a protein known as TRPM7 plays a role in suppressing breathing in obese mice with symptoms of sleep-disordered breathing conditions.<sup>6</sup>

“Knowing that TRPM7 contributed to high blood pressure and sleep-disordered breathing, we wondered if blocking or eliminating [it] could offer a new treatment target,” explains research lead Lenise Kim, PhD.<sup>6</sup>

The team reduced the amount of TRPM7 in obese mice and observed a 14% increase in their ventilation, indicating that the mice’s breathing capacity improved as they slept.<sup>6</sup>

While more research is needed, these findings offer hope for additional, less invasive interventions to increase compliance



and offer many people more hours of desperately needed, uninterrupted sleep.

## Rise and Shine

Whatever the prognosis and recommendations, sensitivity is required to ensure that treatment is effective, advises Blessinger.

“Above all, I encourage patients to completely follow the plan of action set in place by their provider,” she says. “Some [patients] are compliant on their own without much assistance, whereas others need help with their machines or managing their symptoms. I encourage patients to reach out with any questions or concerns. Above all, I make sure that they know that they are not alone and that the clinical care team is always available for support and to answer questions.”

Dr. Hsu’s observation that a sleep apnea diagnosis can be surprising is validated by the experience of Jodi Blystra, CMA (AAMA), who works at Priority Health in Holland, Michigan. In treatment for type 2 diabetes and thyroid cancer, she told her health care provider during a checkup that she was always tired.

“My blood sugars were well controlled, and my [thyroid-stimulating hormone] level was in line, so being tired should not have been one of my symptoms,” she explains. To her surprise, she was diagnosed with OSA. She began using a CPAP machine, and when readings showed that she slept with her mouth open for extended periods, a chinstrap was added.

“Overall, the treatments helped me feel

more energized and less fatigued,” she says. “The biggest lifestyle change is remembering to take equipment and supplies along when I go on vacation—and what I look like when I go to bed every night!” ♦

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## Artificial Human Skin Aids Researchers

Artificial human skin is enabling researchers to make strides in cancer research. The University of Copenhagen recently made a breakthrough by inhibiting the growth of cancer in a skin model (i.e., artificial skin).

Their study focused on how normal cells become cancerous, giving further insight into the TGF beta pathway that “plays a critical role in the cell’s communication with its surroundings and controls cell growth and division,” says Hans Wandall, team lead from the cellular and molecular medicine department at the University of Copenhagen. They discovered that normal cells could become cancerous when the pathway gets impaired.

Healthy skin cells will not invade the hypodermis and cause problems in normal circumstances; instead, they produce a new layer of skin, according to Science Daily. However, cancerous skin cells will impede upon various skin layers (i.e., invasive growth). The study used this information to study the TGF beta pathway and apply methods for blocking invasive growth in skin cancer.

The researchers used genetically manipulated human skin cells to create artificial skin that grows in layers, like human skin. This skin model allowed them to present genetic changes and evaluate how skin develops and renews. It also enabled researchers to introduce artificial genetic changes quickly, providing insight into skin development and renewal.

“By using artificial human skin, we are past the potentially problematic obstacle of whether results from tests on mice models can be transferred to human tissue,” says Wandall.

Artificial skin brings research closer to human reality. Now that researchers know more about the TGF beta pathway, hopefully, they can continue to advance skin cancer research and develop better treatments.



## ChatGPT in Health Care

Artificial intelligence (AI) and chatbots have recently been employed in everything from media to education. But how might they be used in health care? Verywell Health provides some insight.

Though ChatGPT, an AI-powered chatbot, needs improvements before interacting with patients, the tool can be implemented for certain tasks in health care. Medical professionals can use the chatbot to write appeal letters to insurance agencies and translate complex medical language into more digestible language for patients. ChatGPT can also help researchers brainstorm and speed up workflow. In the future, it may be able to diagnose certain medical conditions and help administrative workers and clinicians select billing codes.

The chatbot has already been tested in medical education, scoring over 50% accuracy in the United States Medical Licensing Exam. However, despite its capabilities, ChatGPT is not ready to be employed unsupervised in the medical field. While the large language model can predict how sentences fit together based on provided data, it does not have proper judgment or common sense. It can make huge correlation mistakes with confidence, which could harm patients.

The chatbot still needs development to properly serve patients. ChatGPT is prone to factual errors and can reflect human biases, stereotypes, and misinformation since it obtains data from the internet. Using this tool in a clinical setting could pose many problems for patients and clinicians. ChatGPT is also not compliant with the Health Insurance Portability and Accountability Act, so patient privacy must be addressed before it can be integrated into medical practices. Regardless, ChatGPT’s potential in health care is undeniable, and certain to advance as AI technology develops.







## Mediterranean Diet Linked to Reduced Dementia Risk

The Mediterranean diet—known for produce, whole grains, and fish—may decrease dementia risk, according to a recent study.

*BMC Medicine* published research conducted in the U.K. that drew data from more than 60,000 individuals. Over nine years, 882 participants were diagnosed with dementia. The researchers studied the participants' diets and how it affected their risk of developing dementia.

Ultimately, researchers discovered that people who most closely followed the Mediterranean diet were 23% less likely to develop dementia compared to those who did not follow the diet as closely, according to Healthline. While past studies have yielded mixed results on the effects of the Mediterranean diet and dementia risk, some have shown that the diet can delay the progression of Alzheimer disease and improve brain function in older people.

The Mediterranean diet could decrease dementia risk due to the naturally occurring levels of antioxidants and anti-inflammatory compounds in plant-based foods, healthy monosaturated fats, whole grains, nuts, and seeds.

Another study that gave participants extra virgin olive oil and nuts daily provided more evidence of the effectiveness of the Mediterranean diet on brain health, as well as other conditions like type 2 diabetes and hypertension.

Dementia is difficult to study due to the time it takes to observe participants. While the Mediterranean diet offers some health benefits that can reduce dementia risk, an individual's lifestyle and genetics play a large role in cognitive decline and dementia development. More research is needed to confirm the findings of this study, but this research provided some promising results for reducing dementia risk through dietary choices.

## Sleep Quality Shows Significance over Sleep Quantity

The concept of quality over quantity has proven to be true in sleep, as Czech scientists found that sleep quality does more for quality of life than sleep duration or timing. The study based its analysis on well-being, satisfaction with life, happiness, and meaning in life.

The researchers acquired data from the Czech Household Panel Study, a survey that interviewed 5,132 adults. They used the samples to observe the effects of sleep on the previously mentioned quality of life variables. They also measured sleep duration, perceived sleep quality, and social jetlag. *Social jetlag* describes the mismatch between internal sleep rhythms and environmental demands. The circadian clock regulates many physiological processes, so health experts have linked social jetlag to negative health outcomes like poor sleep, poor cognitive performance, and mental health problems, according to Medical News Today.

The study, published in *PLOS One*, found that social jetlag and sleep duration significantly explain differences in quality of life between individuals. Social jetlag was linked to lower life satisfaction and higher work stress, and longer sleep duration was linked to decreased happiness and subjective health. High sleep quality was the most crucial variable, leading to better quality-of-life outcomes like less work stress and improved life satisfaction, well-being, happiness, and subjective health.

While causality is still unclear from the study, the importance of sleep quality is significant. You can improve your sleep quality in several ways without using prescription drugs or supplements by sticking to a consistent sleep schedule, creating a bedtime routine, limiting screen exposure, exercising, and avoiding caffeine, nicotine, and alcohol.







# From the Heart

## Organ and Tissue Donors Provide a Lifesaving Gift

By Mark Harris

One of medicine's great achievements is the ability to transplant a human organ or tissue from one person to another. In many cases, an organ or tissue transplant can dramatically improve the recipient's health or save their life.

Even more, surgically transplanting several organs is possible. These organs include kidneys, livers, hearts, lungs, pancreases, and intestines. A tissue transplant, or graft, can involve the cornea, tendons, heart valves, ligaments, veins, skin, and bone.<sup>1</sup>

Over 1 million people in the United States have been recipients of donated organs, with about half of all transplants taking place in the past 15 years, according to the United Network for Organ Sharing (UNOS), the federally contracted nonprofit

that manages the nation's organ donation transplant system. In fact, more than 400,000 people in the U.S. currently live with a functioning transplant.<sup>2</sup>

Today, 251 transplant centers and close to 60 regional organ procurement organizations (OPOs) operate in the United States.<sup>3</sup> Kidney transplants are the most frequently performed transplant, with a record 25,000-plus surgeries performed in 2022, according to UNOS. Last year, the United States set annual records with 9,528 liver transplants, 4,111 heart transplants, and 2,692 lung transplants. While donor shortages remain a major challenge, experts expect these record-setting trends to continue.<sup>4</sup>

### *Inside Story*

While recent advances in medical science have especially benefited the organ and tissue transplantation field, interest in the potential of transplantation has long intrigued scientists and physicians. In the 16th century, an Italian surgeon attempted a skin transplant for plastic reconstruction, providing the first description of an immunologic reaction when a graft is transferred to another person. However, it was not until the late 19th century that medical science began to advance more systematic investigations into the potential of organ and tissue transplantation.<sup>5</sup>

In the early 20th century, French surgeon Alexis Carrel performed the first suc-

## You've Got Guts

Most organ donations occur after a donor has died. However, living donation is possible with certain organs and tissues, enabling physicians to save more people in desperate need of a transplant. Living donors can give a kidney, a lung lobe, or a portion of the liver, pancreas, or intestine.<sup>16</sup>

Living kidney and liver donors who meet requirements can range from family members and friends to anonymous individuals.<sup>16</sup>

successful kidney transplants in dogs. He also developed a new method for vascular anastomoses, a surgical procedure connecting vessels, and began the practice of cold graft preservation.<sup>5</sup>

A Ukrainian surgeon eventually performed the first human-to-human kidney transplant in 1933, a breakthrough surgery, although the patient only survived for two days. Unfortunately, limited knowledge of immunology hampered the success of early transplant surgeries. Research advances led by British biologist Sir Peter Brian Medawar in the 1940s on graft rejection and acquired immune tolerance proved invaluable in advancing transplant medicine.<sup>5</sup>

In 1954, the first successful human kidney transplant was achieved. The transplant surgery involved two identical twins, with the transplant recipient surviving for eight years.<sup>5,6</sup> In turn, the first lung, heart, and liver transplants were performed in the 1960s.<sup>5</sup> These early surgeries usually had poor outcomes, but improvements in immunosuppression therapy, surgical techniques, and other medical advances have greatly improved outcomes over time. While longevity varies from person to person, organ transplants are often successful and last many years.

In 2022, over 100,000 people were on the active national waiting list for organs.<sup>7</sup> Unfortunately, while nearly 170 million people are registered organ and tissue donors, a chronic shortage of available organs remains, because only about 3 in every 1,000 people will die in a way that would allow organ donation.<sup>8</sup> Consequently, the average wait time for a kidney transplant—the most frequently transplanted organ—is 3.6 years.<sup>9</sup>

About 14,000 deceased organ donors provided an average of 3.5 organs in 2021.

Only about 6,000 living organ donations occurred.<sup>10</sup> Living donors can provide a kidney, lung, or part of a liver, pancreas, or intestine.<sup>1</sup>

The availability of tissue donations fares better, with about 2.5 million transplants done annually in the United States.<sup>10</sup>

## Special Delivery

For the deceased donation process, the potential donor will first be transported to the emergency room and treated with lifesaving measures (e.g., ventilator, IV fluids, blood replacement, and medicine) to maintain their heartbeat. When vital signs stabilize, the patient gets evaluated in the intensive care unit to determine how much damage their brain and organs endured. The medical team will continue advanced lifesaving measures while performing these tests. Medical practitioners from the regional OPO will evaluate the patient's medical suitability for organ donation after brain death is declared.<sup>11</sup>

The UNOS Organ Center uses a centralized computer network to link donors and transplant candidates, coordinating organ matching, sharing, and transportation. Notably, OPOs cover the costs associated with the organ donation process.<sup>12</sup>

"OPOs are the link between people who are waiting for a lifesaving or healing transplant and the donors and their families," says Katelynn Metz, spokesperson for the Center for Organ Recovery & Education (CORE) in Pittsburgh, Pennsylvania. As one of nearly 60 federally contracted OPOs in the United States, CORE coordinates the surgical recovery of organs, tissues, and corneas for transplantation in western Pennsylvania, West Virginia, and Chemung County, New

York. The group partners with more than 150 hospitals and health care facilities.

Additionally, CORE provides medical management services for the authorized donor and counseling services for donor families, and they can assist recipients and donor families who wish to contact one another. CORE also promotes public awareness and education about donor registration and transplant medicine.

While the role of the OPO is vital to the transplant system, Metz acknowledges the public may be only vaguely aware of these organizations' work. "We're not often highlighted in movies or medical TV dramas [in which] it might seem like a patient passes away and the patient in the next room is waiting for a transplant, and the [physicians] make this decision," she remarks. "Like many things we see in Hollywood, that's very far from what actually happens."

Under UNOS sponsorship, the Organ Procurement and Transplantation Network (OPTN) is a public-private partnership between the professional transplant community and the federal Health Resources and Services Administration.

When a transplant hospital accepts a patient for an organ transplant, they list that patient in the OPTN's national computer network, which matches organs with those patients. Matches are based on factors that depend on the organ type. Common factors include blood or tissue type, the urgency of a patient's need, a patient's time on the waiting list, and the organ size.<sup>12</sup>

After a match is made, the OPO will send details about the donor and organ being offered to the transplant team. Following a review, the transplant team will accept or decline the offer. If declined, the OPO will extend the offer to the next-ranked patient until the organ is accepted. Together the OPO and the transplant team will arrange for organ recovery and transport.<sup>12</sup>

Laboratory tests are used to measure the compatibility of donor organs with potential recipients. The organ procurement process



must be safe and time-sensitive. For heart and lung recipients, surgeons need to transplant the organs within six hours of removal from the donor, while livers are typically transplanted within 12 hours.<sup>12</sup>

### *Gifts That Keep Giving*

Organ and tissue transplantation represents a multidisciplinary process that typically requires engaged coordination from a team of clinicians, organizational networks, volunteers, and others. As complex as a transplant procedure can be, it begins with an individual's decision to become a donor.

In the United States, the National Donate Life Registry is the main registry for organ, eye, and tissue donors. Separate state donor registries also exist.<sup>13</sup> If someone registers to be a donor when applying for or renewing a state driver's license, their registration will be listed in the state registry. Both state and national registries are reviewed at the time of a person's death.<sup>13</sup> A person can also indicate their intention to be a donor in an advance directive, a written statement of an individual's wishes regarding future medical treatment.

If a deceased individual is not registered as an organ donor, their family can decide to donate their organs on their behalf. In this circumstance, a staff member for the regional OPO will obtain prior consent from the family. Notably, a registered donor's family cannot nullify a person's decision to donate their organs if it was recorded in a state registry or advance directive.<sup>14</sup>

Those with organ donation experience encourage people to inform their loved ones when becoming a registered donor. "When it comes to being an organ donor, the most important thing is to let your family members know what your wishes are," says Catherine Rafa, CMA (AAMA), a certified clinical hemodialysis technician at DaVita Upland Dialysis Center in Chester, Pennsylvania, and a kidney transplant recipient. "If you're signed up as an organ and tissue donor, letting your family know your wishes can

avoid confusion and ensure your wishes are carried out."

Rafa was in her mid-20s when she received her transplant. "I was diagnosed with kidney disease when I was a sophomore in high school in 1992," she explains. "It was managed with medication all through high school, but when I was in college, my [test] numbers started to get a little worse. In December 1998, I was told that my kidney function was worsening, and by February 1999, I was listed on the waiting list. My [physician] had told me he wanted to see if he could get me on the transplant list for a kidney *before* I needed to go on dialysis. But six months later, I was on dialysis."

The time between joining the transplant list and her transplant was about three years, recalls Rafa. "My donor kidney came from my cousin's stepmother, who had been declared brain-dead," she says. "When you have a loved one who has passed away and you know somebody who needs an organ, you can indicate that you want your loved one's organ to go to that person. That's what happened to me. It's called direct donation."

In the initial period after her transplant, Rafa recalls a mix of emotions and concerns about her situation. "I'm on antirejection medication for the rest of my life so my body won't reject the organ," she explains. "In that first year or so, I thought I would be letting my cousin down if anything went wrong. If I missed taking my medicine, it was like, 'Something's going to happen, and I'm not going to have the organ anymore.' That was the mindset I had. But over time, I kind of overcame those feelings of worry."

Earlier this year, Rafa marked the 21st anniversary of her kidney transplant. Beyond the benefits of restored health, the experience of becoming a donor recipient was personally transformative, influencing her decision to pursue a career as a medical assistant working with dialysis patients.

As a donor recipient, Rafa felt it was crucial to communicate her gratitude to the donor's family. "I like to remind some of the dialysis patients I work with, especially if they're on the transplant list, that they shouldn't expect to contact their donor family within that first year after the transplant," she observes. "But within that first year, you can start writing your thoughts down about how you feel about your experience. After the first year, if you feel compelled, you can write a letter to the donor family to let them know how you're doing."

Doing so was meaningful to her: "For myself, it meant a lot to say 'Thank you.' I also know it can mean the world to that donor family to hear from you. About a year ago, the son of one of my coworkers passed away, and she had her son's organs donated. She recently got a letter from one of her son's recipients, and it meant the world to her because it felt like her son was still living."

Another organ recipient whose life has been profoundly touched by donation is Jess Schnur, RN, of Evansville, Indiana. Schnur, who received a liver transplant in August 2021 at Indiana University Health in Indianapolis, was in her early 30s when she was diagnosed with primary biliary cholangitis, a chronic inflammatory liver disease. Despite a six-year effort to manage

### *Unpacking the Definition of "Brain Death"*

Brain injury causes swelling, which can prevent blood from entering the brain. If blood flow ceases, brain death will occur. Brain death is an irreversible, permanent condition. Without a functioning brain, a mechanical support system can briefly keep the rest of the person's organs working. Medical professionals perform numerous tests before a person is pronounced brain dead. When brain death occurs, mechanical support maintains the organs until the physicians determine whether the person will be a donor.<sup>17</sup>

the condition, Schnur's health deteriorated until late 2020, when she joined the waiting list for a liver transplant.

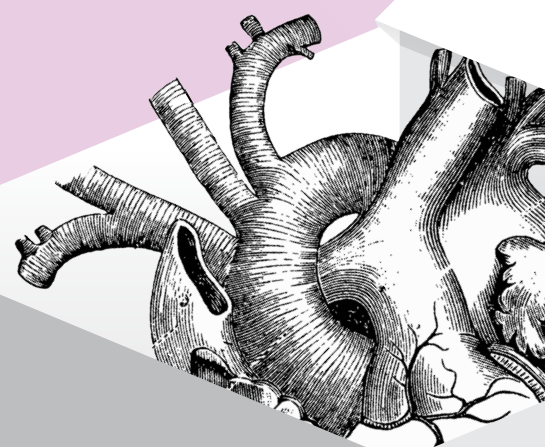
The transplant happened several months later, shortly after an emergency hospitalization. "I had been visiting some friends and was driving down this old gravel country road when I realized something was not right," Schnur recalls. "I pulled over and started having this bleeding. As it turned out, I had an emergent GI [gastrointestinal] bleed. I knew I needed to be in Indianapolis, [the location of the] transplant center, but I

was three hours away, and they had no beds. Instead, I went to the local hospital for a while before [transferring] to the transplant center, where they fixed my [bleeding]. They were monitoring me when, a few days into my stay, a liver became available because of a donor hero."

The liver transplant has restored Schnur's health in dramatic ways. "Now, I've just got all this energy," she says. "I am back to work as a nurse, working now with an organ donor organization. Less than a year and a half later, I play pickleball a few

times a week and [do] all these activities. Before, I couldn't stay awake for more than two hours, and my mind wasn't working. I wouldn't know where I was going if I tried to drive somewhere. I was a shell for seven years. Now, I have a life again. I'm back to normal."

As a UNOS volunteer, Schnur now wants to do everything she can to educate others about the importance of becoming an organ donor. "As a UNOS Ambassador, I just want to shout from the rooftops, 'I got my life back,' " she says. "It wouldn't be





## *Donation Details*

In the United States, 17 people die every day while waiting for an organ to become available. One organ donor can save up to eight lives and impact the lives of as many as 75 people.<sup>7</sup>

fair to my donor hero and their family for me to not pay it forward and speak out for organ and tissue donation.” In her work as a UNOS Ambassador, Schnur says she has spoken at various events, including baseball games and a sprint race event.

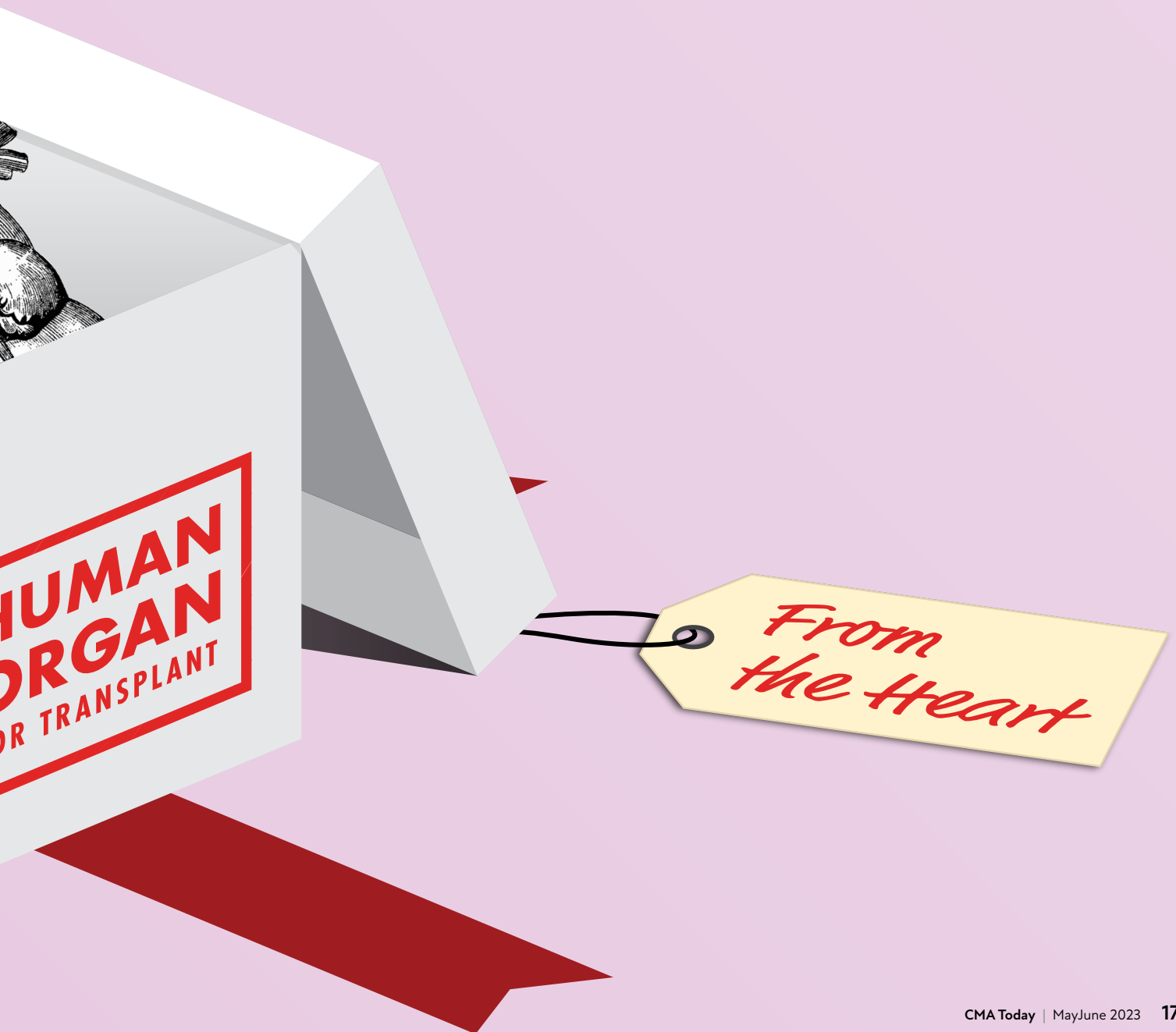
If someone is already a registered donor,

she also advises informing immediate family about their decision. “I’ve met a lot of patients who are organ donors, and the next question should be, ‘Does your family know?’ ” she says. “When families aren’t aware that someone has signed up to be a donor, it can stun them when they’re in

that intense situation [in which] they’re losing a family member. Having that conversation earlier with your family and friends is so important. I would encourage medical assistants, nurses, and office staff to remind patients to make sure their family is aware they’ve registered.”

## *Look Within*

Advocates for the transplant community agree that addressing myths people have about donation is paramount. “Some people



**Myth:** An organ donor's family will be required to pay for donation-related costs.

**Truth:** Donors and their families are not responsible for any donation-related costs. The organ procurement organization incurs all costs.<sup>18</sup>

**Myth:** A donor's medical care will be affected if their provider knows they are a donor.

**Truth:** Health care providers will make all efforts to save a life regardless of donor status. Further, the donation process is handled by an entirely separate team of health care professionals. Organ, eye, and tissue recovery only occur after all lifesaving efforts have been attempted and death has been legally declared.<sup>17</sup>

think if they register as an organ donor, this could mean that either the [first responders] or the [physician] in the hospital wouldn't try to do everything to save their life if [their provider] knew they were an organ donor," says Metz. "[The patients] worry they would instead want to recover organs for people who are waiting. Of course, that is completely false. [With] the way the organ transplant system works, that would not even be possible."

Someone also might assume a health issue will automatically exclude them as a potential donor. "Something I hear sometimes is, 'I've got diabetes, so I couldn't be a donor,' which is not true," notes Schnur. "It's not that black and white. There are a lot of factors that go into what qualifies a donor."

Anne Paschke, a spokesperson for UNOS, agrees. "Each transplant hospital looks at each potential donor for the patient," says Paschke. "There have been livers transplanted from 95-year-old donors. Nobody should ever rule themselves out. ... Who can be a donor is constantly changing as new medical discoveries and scientific advances in medicine happen. For instance, in the mid-1980s, when the first immune suppressive drug became widely available, the number of transplants jumped dramatically, as did the number of transplant centers.

"A more recent example is the cure for hepatitis C," she adds. "A lot of hepatitis C-positive organs started being used, not only for people who had hepatitis C but also [for] those who were negative that

could be treated prophylactically. There are advances that over time are making more donors available."

Treatment with antiviral medications can now effectively cure more than 95% of hepatitis C infections, reports Paschke. Consequently, the use of an antiviral regimen for several weeks in patients without the hepatitis C virus (HCV) who receive a heart or lung transplant from an HCV-positive donor can prevent the infection in these patients.<sup>15</sup>

### *Optimism for the Future*

From her vantage point at UNOS, Paschke is optimistic about the prospects of transplant medicine. "We've seen record numbers of donors for 12 years in a row now," she says. "There were more than 42,800 organ transplants last year. There are now so many different organizations, collaborations, and people working on different fronts—from getting people to sign up to be organ donors to the way organs are perfused [and] allo-

cated to some of the things we do with IT [information technology] and the tools we give [physicians] to make informed decisions. We're adding predictive analytics to the system. For instance, we've just introduced a new tool that will allow kidney [physicians] to see the likelihood of a similar or better kidney offer coming in a certain period."

Today, a growing public commitment to organ and tissue donation combined with innovations in transplant medicine and an engaged community of thousands of medical professionals, volunteers, and patient advocates offers hope for a healthier future for thousands of people in need.

As complex and multilayered as the field of transplant medicine can be, remembering this simple truth is crucial: organ and tissue donation is an opportunity to save lives and help others improve their health. ♦

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### *Resources*

**United Network for Organ Sharing**

<https://unos.org>

**Center for Organ Recovery & Education**

<https://www.core.org>

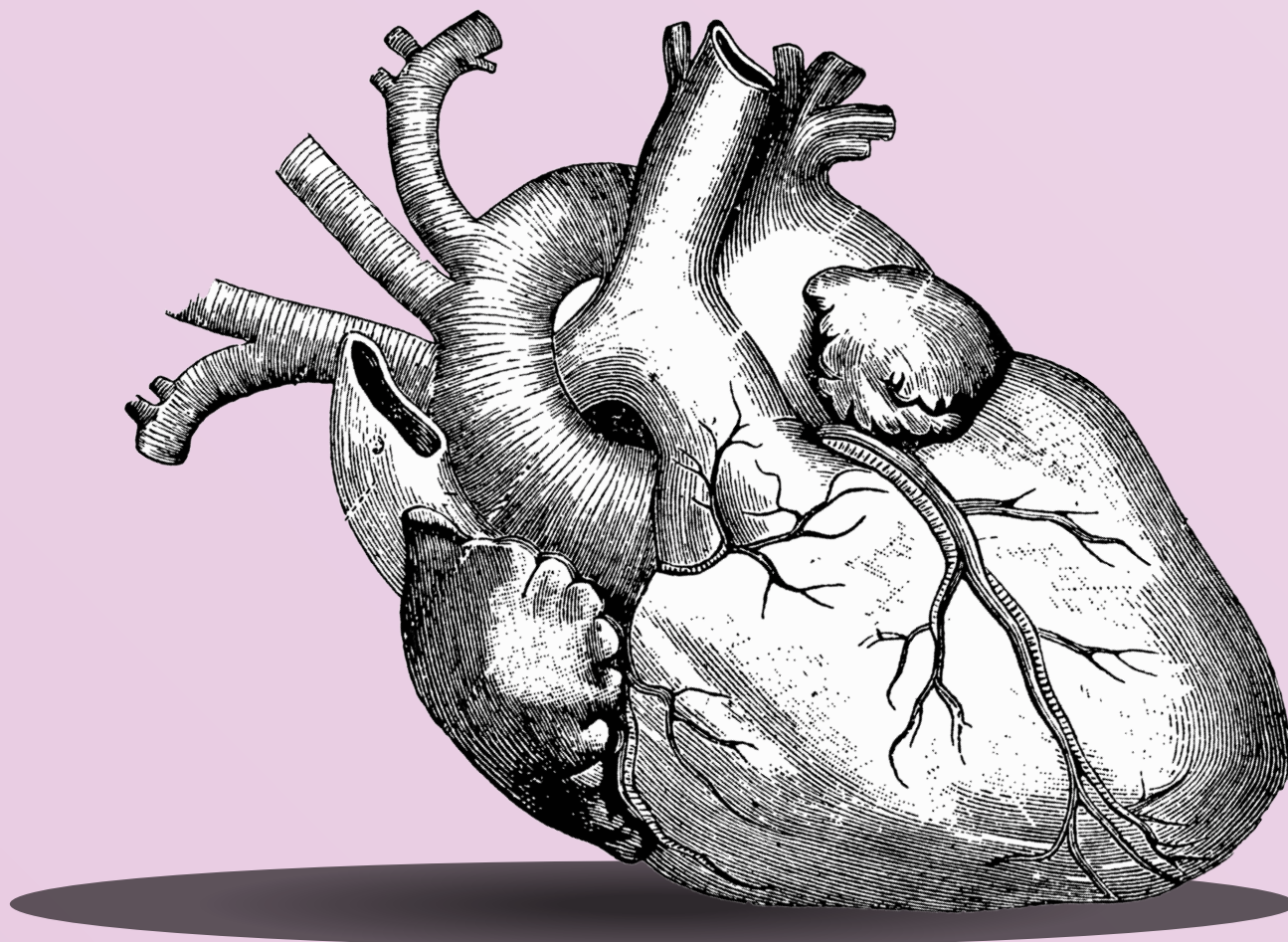
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<https://www.donatelife.net/education-resources/>

**Health Resources and Services Administration**

<https://www.organdonor.gov>

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

T F

- ☐ ☐ 1. A patient's family is not permitted to override an organ donor's wishes if the donor indicates their preferences in an advance directive.
- ☐ ☐ 2. When a potential organ donor is brought to an emergency room, the medical team will attempt to keep the donor alive, and a regional organ procurement organization will decide whether the individual is a suitable organ donor only once brain death is declared.
- ☐ ☐ 3. If a deceased individual is not registered as an organ donor, the deceased individual's family is permitted to donate their organs.
- ☐ ☐ 4. Individuals with health issues should not register as organ donors because their compromised health will prevent an organ transplant from being successful.
- ☐ ☐ 5. Because of ongoing advances in transplant medicine, more live organ donations occurred than deceased organ donations in 2021.
- ☐ ☐ 6. The Organ Procurement and Transplantation Network is a partnership between the federal government and the private sector.
- ☐ ☐ 7. Currently, more organ transplants occur than tissue transplants.
- ☐ ☐ 8. The families of the donor and the organ recipient split the organ donation cost.
- ☐ ☐ 9. Insufficient advancements in immunology were a common problem during the early years of transplant medicine.
- ☐ ☐ 10. An organ donor should not inform their family members of their decision to be an organ donor because their family may attempt to change their mind.
- ☐ ☐ 11. Decisions about the recipients of organ transplants involve factors such as length of time on the waiting list and the urgency of the potential recipient's need.

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T F

- ☐ ☐ 12. A transplant team must accept *any* offer if an organ is matched with a patient in need of an organ.
- ☐ ☐ 13. In the United States, the most frequently transplanted organ is the liver.
- ☐ ☐ 14. Direct donation allows the family members of a deceased individual to donate their organs to a specific person.
- ☐ ☐ 15. Because of improved organ preservation techniques, the average transplant surgery can be made between 24 and 48 hours after organ removal from the donor.

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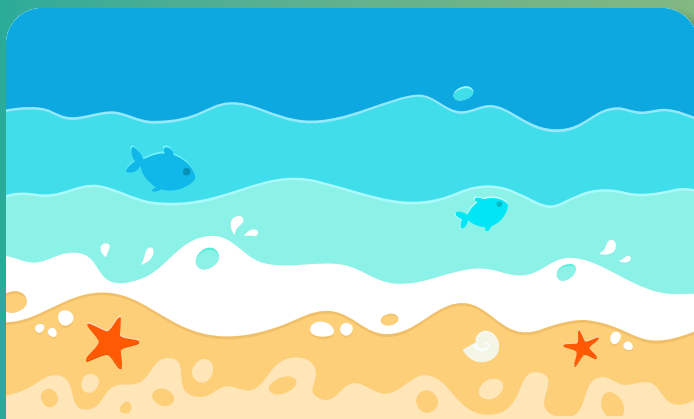
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## Hot Tips for a Healthy Summer

Summer is nearly here, as well as many activities and long days outside in the sun. While it can be a fun time of year, staying safe and healthy is crucial. Here are some tips to keep you on guard from Medical News Today:

**Get active.** Summer is the perfect time for becoming more active and improving fitness. Though the heat can tempt you to stay inside, getting out early in the morning or late in the evening offers cooler temperatures for long walks, jogging, swimming, or exploring a nature preserve.

**Hydrate.** Drinking water is vital for replenishing fluids when sweating in hot weather. Drinks with caffeine or alcohol cannot protect you from dehydration. Dehydration may cause problems like kidney damage and kidney failure. Watch out for symptoms like dry mouth, headaches, light-headedness, and dizziness.

**Use sun protection.** Summer is the perfect time to get vitamin D. However, overexposure to UV light can cause skin damage and increase cancer risk. Use a broad-spectrum sunscreen with a sun protection factor (SPF) of at least 50 and frequently reapply to protect against sun damage.

**Keep your cool.** Heat exhaustion can prompt symptoms like heavy sweating, faintness, fatigue, and a weak, rapid pulse. If experiencing heat exhaustion, retreat from the sun to rest in a cool place and hydrate. Failure to treat heat exhaustion can cause heatstroke, which can be fatal. You can reduce the risk of heat exhaustion by wearing lightweight clothing, keeping out of direct sunlight, and staying hydrated.

**Defend against bugs and insects.** Bees, yellowjackets, wasps, and hornets are out and about throughout the season. If you spend a lot of time outdoors, use insect repellent to avoid allergic reactions, infections, pain, and itching. Keeping windows and doors closed, taking out garbage often, wearing closed-toe shoes, and avoiding fragrance can also prevent painful stings and bites.

**Be careful around heat and fire.** Heat and fire can be risky, especially during summer holidays and gatherings. Take preventive measures such as keeping barbecues away from anything flammable, staying at least 500 feet away from fireworks, and letting engines cool before working on cars.

## Tactics for Avoiding Plastics

Many people use single-use plastics to store food out of habit and convenience. Thus, food packaging accounts for 60% of all plastics produced worldwide, despite more eco-friendly options. These plastics end up in landfills and the ocean, posing toxicity and endocrine-disrupting risks to humans. Activists are fighting to reduce plastic production, increase recycling, and promote sustainable food packaging out of environmental and human health concerns.

As a result, environmentally friendly packaging is more popular than ever. Here are some eco-friendly swaps for plastic food containers from Healthline:

- **Glass** is reusable, recyclable, durable, and easy to clean. These containers can last 3.5 times longer than plastics. Try out a glass water bottle or container, but if the lid is plastic, make sure it is free of bisphenol-A.
- **Stainless steel** is reusable and recyclable. The material is also durable, rust-free, and heat-resistant, making it safe for food storage. Stainless steel storage jars are a sleek and sustainable addition to your countertop.
- **Bamboo** is biodegradable, durable, and heat resistant. Though bamboo products are less durable than glass or stainless steel, they are still a great option for bread boxes and serving bowls.
- **Rice husk**, a byproduct of rice farming, is low-cost, renewable, and biodegradable. Rice husks can also absorb pollutants from their surrounding environments. Try out a rice husk lunch box or serving bowl for your kitchen.





## Face the Music

Music has a powerful effect on how people get through their days, whether they enjoy listening to classical music to focus on a project or hip hop for an intense workout. But music therapy takes listening to music a step further. The American Music Therapy Association defines it as “the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program.”

Music therapy can effectively treat those hoping to target specific psychological or physical needs or goals. Everyday Health provides six benefits of music therapy backed by scientific evidence:

1. **Support Dementia Treatment.** Music therapy can help patients with dementia build connections and socialize with others, reduce their depression and anxiety, and relieve some of the symptoms of the disease. Listening to music activates the brain and prompts changes in neuroplasticity.
2. **Reduce Depression and Anxiety.** A song can completely change how we feel. Music therapy can work with other aspects of a mental health care plan, such as cognitive behavioral therapy, to reduce depressive symptoms and anxiety in people of all ages.
3. **Relieve Stress.** Music can effectively fight high stress levels and help people achieve motivation, calmness, or other desired states. Music therapists can evaluate a patient's needs and tailor music intervention to them, which is particularly effective for relieving stress.
4. **Improve Functioning in People with Parkinson Disease.** Music therapy can be a complementary treatment for patients with Parkinson disease. The exercises can enhance motor function, communication, swallowing, and breathing, improving quality of life and mood. Further, vocal skills like breathing and swallowing can strengthen functioning. It also encourages mental endurance during treatment.
5. **Help Patients Cope with Cancer Treatment.** The mental and physical toll is intense for patients receiving cancer treatment. Music therapy can reduce anxiety, depression, and the amount of pain medication needed for treatment. It can also help patients cope with the stress of disease, stabilize their mood, and provide comfort during uncertain times.
6. **Decrease End-of-Life Suffering.** Listening to music can be a joyful process or a method for coping at the end of life. Hospice care patients approaching and processing the end of their life can benefit from music therapy. Music therapists can match music to the patient's mood, whether they are in pain or seeking peace and rest.



## Make a Clean Break from Dirty Sheets

As responsibilities pile up throughout the week, certain chores can fall by the wayside. However, neglecting crucial tasks like cleaning your sheets can put your health and skin at risk. You should wash your sheets at least every other week—or weekly if you live in a warm climate, have allergies or asthma, or sleep with a pet—according to Cleveland Clinic.

When people clean their sheets infrequently, they crawl into bed each evening with dust mites, bacteria, dead skin, and pet dander. Allowing sheets to collect dust and bacteria can cause problems like rashes, eczema, asthma, and allergies. Additionally, beauty products and crumbs enable bacteria to thrive, so removing all makeup at night and avoiding eating in bed can help you maintain a cleaner environment.

The good news is that, while you must launder sheets multiple times per month, other bedding is less of a priority. You can wash blankets and pillows a couple times each year since you generally make less direct contact with them.

Use hot water when laundering sheets to kill off dust mites and give them a thorough clean. Additionally, leave your bed unmade for a while each morning to allow it to air out and avoid trapping bacteria. Try not to think of cleaning bedding as a chore—especially because it feels great to slip into a clean bed each night. With clean bedding, you will feel better and sleep better too.



# DIGITAL DIVIDE

## Medical Assistants Help Bridge the Telehealth Gap

By Cathy Cassata

**T**he COVID-19 pandemic undoubtedly advanced the need and benefit of using telehealth. During the first quarter of 2020, telehealth visits increased by 50% compared with the first quarter of 2019.<sup>1</sup> Further, telehealth use remains 38 times higher than before the pandemic.<sup>2</sup>

While modern telehealth offerings existed before the pandemic, Medicare beneficiaries had access to fewer virtual services until March 2020, when the Centers for Medicare & Medicaid Services (CMS) broadened access to Medicare telehealth services.<sup>3</sup> Before the CMS changes, Medicare required patients to be in an eligible rural community and at a medical facility for providers to be reimbursed for services.

“The transformation happened following the COVID-19 public health emergency when Medicare issued a broad range of waivers that enabled health care workers and health care systems to adopt telemedicine as a ubiquitous care delivery tool. It also became a service provided for primary care, specialty care, emergency care, urgent care, and more, across the disciplines,” says Karen Rheuban, MD, pediatric cardiologist and medical director of the UVA Karen S. Rheuban Center for Telehealth.

As more physicians offered virtual care, medical assistants’ roles evolved to accommodate the changes. While medical assistants still support the provider and patient as they would in an in-person setting, they use different tools for telehealth.

### BUILDING BRIDGES

Medical assistants can use their skills in various ways for telehealth visits:

**Aid the training of providers on telehealth systems.** J. Robin Atkins, CMA (AAMA), works in student health services at Augusta University in Georgia, which offers telehealth visits to its students for primary care and mental health.

“We have medical students all over the United States doing their residencies, and during the emergency declaration, our [physicians] could treat them via telehealth,” says Atkins. Since that order ended, they now treat students in Georgia and South Carolina.

She sets up all the providers’ telehealth accounts, gives them passwords, and trains them on how to use the system, including updating their waiting room with a personal logo and sending pdfs to the patients for educational purposes. She also addresses issues related to system updates and glitches.

“When I started working as a medical assistant in 2004, we used paper charts. It’s amazing to see how far we’ve come, especially [regarding] the outreach [physicians] can do now,” says Atkins. “Telehealth helps enhance patient care and outreach, and I’m happy to be a part of it.”

**Field questions through a patient portal.** Since the pandemic began, Joseph C. Kvedar, MD, professor of dermatology at Harvard Medical School and immediate past chair of the American Telemedicine Association, observes that his digital rela-

tionship with patients has accelerated via patient portals. Patients send him questions, pictures, and requests for refills.

“I find it helpful to give patients the option to query me about something that’s bothering them or ask me questions through the portal,” says Dr. Kvedar. “A pretty good percentage of queries that come through get handled on the front end, and certainly a chunk of those can get handled by medical assistants.”

**Schedule patient visits.** The first steps of telehealth appointments that medical assistants can help with are scheduling telehealth visits with patients and sending them the appointment link. Then, Dr. Rheuban says medical assistants can load vital signs obtained by the patient at home into their record and check and document medications and other essential information so the physician has the necessary information for a productive video visit.

If the medical assistant stays online during the visit, they may draft visit notes, pend orders, and complete billing in real time under a physician’s direction.<sup>4</sup>

**Connect the visit.** Patients who participated in telehealth visits with their primary care physicians in fall 2020 benefited from having a medical assistant connect the call, according to Kaiser Permanente.<sup>5</sup> Connecting the call involves virtual rooming, in which a medical assistant texts the video meeting link to the patient, calls 15 minutes before the appointment to help them join the video meeting, and determines their



goals for the visit and whether preventive care or screenings are necessary.<sup>5</sup>

The study compared medical practices that used more virtual rooming with those that used less and discovered the following<sup>5</sup>:

- Virtual rooming increased connection rates for all patients.
- Patients of medical practices with high virtual rooming rates were 7% more likely to have a successful connection.
- Patients who needed language interpretation or lived in a neighborhood with low socioeconomic status were less likely to successfully connect via video. (The information available about the Kaiser Permanente study does not elaborate on why being a resident of a neighborhood with low socioeconomic status would lessen the likelihood of successfully connecting. However, research suggests this technology gap can arise from language barriers or inadequate access to technology.<sup>6</sup>) However, medical assistant involvement reduced the gap for these patients by helping them with the technology and providing human connection. For instance, estimated connection rates with assistance from medical assistants were 11% higher for patients living in neighborhoods with low socioeconomic status and 13% higher for those needing language interpretation compared with 7% for those not needing interpretation.

When Dr. Kvedar needs an interpreter, he typically uses an iPad or smartphone to dial a service, which connects him to an interpreter who listens in on the visit. “When someone shows up on my telehealth schedule, and they need an interpreter, it takes extra time to get the interpreter involved, so having a medical assistant on the front end bring in the patient and the interpreter is appealing,” says Dr. Kvedar.

**Process prior authorizations after visits.** For the past seven years, Jennifer Ashton, CMA (AAMA), has worked for Included Health, a nationwide virtual health care provider for urgent care, primary care,

behavioral health, and more. As a care coordinator, her days involve performing prescription prior authorizations over the phone after patients attend telehealth visits.

“After their visit, I work with providers, nurses, and pharmacists to get prescriptions approved from insurance for our urgent care, primary care, and behavioral health patients,” says Ashton. “As a medical assistant, I feel like an important part of the telemedicine visit.”

Other post-visit duties for medical assistants might include reviewing the next steps with the patient, engaging the patient in self-management support as appropriate, and arranging their next in-person or virtual appointment.<sup>4</sup>

**Work on-site while physicians are off-site.** Several times a year, Dr. Kvedar holds a virtual clinic at the Nantucket Cottage Hospital, the only hospital on the island. Patients travel to the clinic and get connected to a specialist like Dr. Kvedar, who is off-site and unable to travel to the island.

This arrangement also allows patients access to more effective equipment and technology for diagnosis and treatment. “The clinic has a high-resolution camera that allows us to perform procedures like skin examinations that you can’t do in your home via a Zoom call,” says Dr. Kvedar.

Medical assistants on-site at the clinic help navigate the entire visit. “They room the patient, take their vitals and medical history, and then connect the patient with the physician virtually ... and ensure the visit goes as planned,” explains Dr. Kvedar.

## TYING UP LOOSE ENDS

As telehealth continues to be an essential part of health care delivery, Dr. Kvedar asserts medical assistants will continue to contribute to virtual care.

“We can [educate] medical assistants to know more about the types of data we need to have an effective telehealth visit,” he says. “Having them intimately involved can help ensure the time used during the visit is efficient and effective for both the [physician] and patient.” ♦

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## MAKING CONNECTIONS

In a 2021 survey<sup>7</sup> conducted by SingleCare, respondents stated which services they would seek telehealth appointments for:

- Common illnesses and infections (69%)
- Follow-up visits (66%)
- Talk therapy (49%)
- Management of a chronic condition (44%)
- Annual physical examinations (34%)
- Specialist visits (24%)
- Physical therapy (18%)

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# AMENDMENTS TO ~~Changes in~~ Education Regulations

## How Potential Revisions Could Affect Allied Health Programs

by Donald A. Balasa, JD, MBA

**R**evised regulations of the U.S. Department of Education (USDE) that address the recognition of accrediting agencies went into effect on July 1, 2020. The regulations apply to institutions and schools accredited by accrediting bodies recognized by the USDE. A school must comply with USDE regulations to be eligible for federal funding, including financial assistance for students under Title IV of the Higher Education Act.

The USDE announced in March 2022 that it was planning to propose even more significant modifications to its Title IV regulations, many of which could have an enormous impact on allied health education programs. For example, the revised regulations could require schools that have preparatory programs for licensed professions to publish a list of states for which its programs do not meet the state's education requirements. By doing so, prospective students in states in which a preparatory program does not meet the state's licensing requirements would receive notice that they should not enroll in a preprofessional program at that school. A consequence would be that enrollment in programs that do not meet state educational requirements would decrease.

### The 2020 Title IV USDE Regulations

Of particular relevance to the allied health (including medical assisting) education com-

munity were the provisions of the 2020 regulations about programs "designed to meet educational requirements for a specific professional license or certification that is required for employment in an occupation."<sup>1</sup> Note the following frequently asked questions about the 2020 regulations and my answers.

**Question:** According to the USDE regulations, for which programs is a school required to make information about the programs' educational requirements readily available?

**Answer:** A school must make readily available information about programs "designed to meet educational requirements for a specific professional license or certification that is required for employment in an occupation, or is advertised as meeting such requirements."<sup>1</sup>

**Question:** Do the USDE regulations apply to programs whose graduates are not eligible for licensing (because licensing does not exist) but are eligible for certification?

**Answer:** A *license* is defined as a credential that is required by law to work in a profession or occupation. Legally, a certification may be either voluntary or mandatory. Because the regulations refer to "a specific professional license or certification that is required for employment in an occupation,"<sup>1</sup> my opinion is that the only certifications to which the regulations apply are those that are required for employment and therefore

are mandatory.

**Question:** In which states must a school make information about a program readily available?

**Answer:** A school must make information about a professional program readily available only for those states that require a license or certification to work in the profession and have established educational requirements as a prerequisite for the license or mandatory certification.

**Question:** For applicable programs and states, what information must a school make readily available (such as by posting on the school's website)?

**Answer:** A school must make readily available lists of the following (for each professional program):

- The states for which its programs *meet* the educational prerequisites for licensing or mandatory certification
- The states for which its programs *do not* meet the educational prerequisites for licensing or mandatory certification
- The states for which it *has not determined* whether its programs meet the educational prerequisites for licensing or mandatory certification

**Question:** What information must schools disclose to *prospective* students?

**Answer:** The regulations answer this question:



#### § 668.43 Institutional information.

...

(c)(1) If the institution has made a determination under paragraph (a)(5)(v) of this section that the program's curriculum does not meet the State educational requirements for licensure or certification in the State in which a prospective student is located, or if the institution has not made a determination regarding whether the program's curriculum meets the State educational requirements for licensure or certification, the institution must provide notice to that effect to the student prior to the student's enrollment in the program

...

(3)(i) Disclosures under paragraphs (c) (1) and (2) of this section must be made directly to the student in writing, which may include through email or other electronic communication.<sup>1</sup>

**Question:** What information must programs disclose to *current* students?

**Answer:** Note the following regulation's language:

#### § 668.43 Institutional information.

...

(2) If the institution makes a determination under paragraph (a)(5)(v)(B) of this section that a program's curriculum does not meet the State educational requirements for licensure or certification in a State in which a student who is currently enrolled in such program is located, the institution must provide notice to that effect to the student within 14 calendar days of making such determination

...

(3)(i) Disclosures under paragraphs (c) (1) and (2) of this section must be made directly to the student in writing, which may include through email or other electronic communication.<sup>1</sup>

### Potential Revisions to the USDE Regulations

In March 2022, the USDE released its *Issue Paper 6: Certification Procedures*. In this document, the USDE stated its intent to modify the language of its Title IV regulations as follows:

#### §668.14 Program participation agreement.

...

(32) In each State in which the institution is located or in which students enrolled by the institution are located, ... the institution *must ensure* [emphasis added] that each program—

...

(ii) ... Satisfies the applicable educational prerequisites for professional licensure or certification requirements in the State so that a student who completes the program and seeks employment in that State qualifies to take any licensure or certification exam that is needed for the student to practice or find employment in an occupation that the program prepares students to enter

...

#### §668.43 Institutional and programmatic information.

(a) Institutional information that the institution must make readily available to enrolled and prospective students under this subpart includes, but is not limited to - [sic]

...

(v) If an educational program is designed to meet educational requirements for a specific professional license or certification that is required for employment in an occupation, or is advertised as meeting such requirements, a list of all States where the institution offers the program and where the program **does and does not meet** [emphasis in the original] such requirements.<sup>2</sup>

### Differences between the 2020 Regulations and the Potential Revisions

#### 2020 USDE Title IV Regulations

According to the July 1, 2020, USDE Title IV regulations, for the states that require (1) completing professional education and (2) obtaining a license or certification in the profession as requirements for employment, schools with such professional programs must make readily available (such as by posting on the school's website) three lists:

- A list of these states for which its professional program *meets* the states' requirements for completion of a

professional program for employment

- A list of these states for which its professional program *does not* meet the states' requirements
- A list of these states for which the school *has not determined* whether its professional program meets the states' requirements

#### Potential Modifications to USDE Title IV Regulations

If the language of the USDE's Title IV regulations is amended as proposed in the USDE *Issue Paper 6*, the school must ensure (i.e., guarantee) that a professional program meets the legal requirements for employment in each state (1) in which the school is located and (2) in which students enrolled in the program are located. Additionally, each school would be required legally to make readily available two lists:

- A list of all states in which the school's professional program *meets* the state's educational requirements for licensure/mandatory certification and employment
- A list of all states in which the school's professional program *does not* meet the state's educational requirements for licensure/mandatory certification and employment

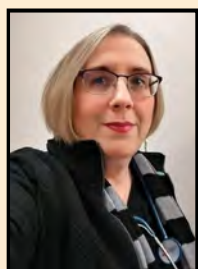
Changes in the USDE Title IV regulations will likely majorly affect allied health education programs, including medical assisting programs. The American Association of Medical Assistants\* will analyze proposed amendments to the USDE regulations and will submit written comments as appropriate. ♦

Questions about this article may be directed to Donald A. Balasa, JD, MBA, at [DBalasa@aamantl.org](mailto:DBalasa@aamantl.org).

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## CMA (AAMA) Finds Meaning in Pain Management and Mental Health Advocacy

By Cathy Cassata

**F**rom the time she was a child, Ann Mabota, CMA (AAMA), felt a calling to work in health care.

“When I was 9 years old, my grandmother developed breast cancer. On the weekends, I’d go to her apartment and bathe [her] and cook her meals,” she recalls. “She took me to church on Sundays, where we attended an [older] women’s group. Hearing their stories made me want to help others like them.”

At 15 years old, Mabota followed her ambitions and began working as a nursing assistant in nursing homes. Years later, she obtained an associate degree in health and a certification to teach health care workers how to care for patients with Alzheimer disease and dementia.

In 2014, she shifted gears and took a job as a surgery scheduler at a Mercy ear, nose, and throat practice, where she performed medical assisting duties when needed, such as rooming patients, assisting with procedures, conducting insurance authorizations, and providing pre- and post-op instructions. She simultaneously worked part-time as a phlebotomist and laboratory assistant for an urgent care laboratory, where she eventually

transitioned to a full-time role in 2019, all while working toward her CMA (AAMA)\*.

“This was one of the busiest urgent care centers in the area. Before COVID-19, we’d see upwards of 120 patients in a 12-hour shift,” says Mabota.

Once COVID-19 emerged, the laboratory became a testing site. “We didn’t have enough staff,” she says. “There were days when we saw 180 patients in 12 hours with two [physicians], me, and two other [medical] assistants. We also were getting patients from the hospital who had heart attacks, strokes, and injuries from motor vehicle collisions because the hospitals were so short-staffed.”

While she thrived in the fast-paced environment of urgent care, the toll of the pandemic called for a change. In June 2022, she took a position with a pain management clinic, a job she says brings her back to her roots.

“My mom had bipolar disorder and lived in severe pain her whole life from [having] fibromyalgia, osteoarthritis, and scoliosis as a child. The impact of mental health being physically debilitating is downplayed and holds a lot of stigma,” says

Mabota. “Helping people in a pain capacity as well as a mental health capacity feels like it [is] all coming together full circle.”

Her daily duties at the clinic include working alongside a nurse practitioner and physicians to ensure patients receive pain management. Mabota rooms patients, takes their medical history, assists with pain injections, performs prior authorizations, orders procedures, and provides discharge education.

“I love the compassion and empathy we strive to have for our patients. We do our best to understand them and constantly look at ways we can help with pain management in addition to medications—from physical therapy to acupuncture and massage,” she says.

She takes patients’ mental health challenges to heart by finding them resources and referrals, a skill she fine-tuned while working in urgent care.

“Before COVID-19 hit, I brought attention to mental health awareness in the urgent care setting. We had a lot of people coming in who were in dire need of mental health care, so I worked hard to find resources for those patients so that they could get help without having to go to urgent care or the [emergency room],” says Mabota. “Now, I continue to advocate for the mental health needs of patients in pain, another underserved population.” ♦

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