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Set the
Foundation for
Healthier Futures
with Quality
Pediatric Care

Fall Festivities

Fall is upon us. I hope you will attend the 68th AAMA Annual Conference—the theme is “Strength in Learning”—in Grand Rapids, Michigan. This year is going to be exceptional, with so many great CEU opportunities and engaging speakers. I encourage you to attend the House of Delegates, which is always a great way to learn about the business of the association while electing leaders to move the AAMA forward. Read the 2024 Delegates Packet, located in the members-only section of the AAMA website, to learn more about the 2023–2024 officers, committees, educational boards, and CEO reports, as well as initiatives, accomplishments, and yearly details.

Do not forget to participate in the annual CMA (AAMA)® Knowledge Bowl for learning and fun. Attend the Board of Trustees (BOT) open session and learn about the work from the 2023–2024 term. Later, grab your lunch and visit with the BOT to learn more about the BOT and its committees (more information will be provided on-site at the conference). Attend the President’s Banquet, where we will honor state society presidents, the BOT, and the 2024–2025 AAMA President.

So many new projects and initiatives are on the horizon that will bring more recognition to the AAMA and the medical assisting profession.

Speaking of recognition—this year’s theme for Medical Assistants Recognition Week (Oct. 21–25, 2024) is “Medical Assistants Bridge the Gap Between Patients and Quality Care.” There are so many ways to honor medical assistants with this theme and give them the recognition they deserve. Visit the AAMA website for free MARWeek materials and ideas.

A few years ago, while chairing the AAMA Marketing Strategy Team, my amazing committee members and the AAMA staff brought visions to life for MARWeek with the theme “Medical Assistants are MAGIC: Medical Assistants Give Incredible Care.” The following year’s theme was “Medical Assistants Shine Bright.” These themes were not only meant to bring awareness but also had many ways to be used.

During MARWeek, share thank-you cards with other medical assistants and medical assisting students. What a great way to let medical assisting students know they have chosen a great profession and welcome them! Visit nearby clinics and programs and provide medical assistants and students with MARWeek gift bags. Include the poster, thank-you cards, and AAMA membership brochures, and invite them to your local chapter or state society meeting. The posters I have shared sparked comments from patients, providers, staff, and outside vendors. I felt a tremendous sense of pride when I visited a local college as the medical assisting students celebrated MARWeek. The excitement was palpable.

The BOT appreciates everything you do for the profession, patients, employers, and fellow medical assistants. We hope you have a fantastic MARWeek. I look forward to seeing you at the 68th AAMA Annual Conference!

Monica Case, CMA(AAMA)

Monica Case, CMA (AAMA)
2023–2024 AAMA President



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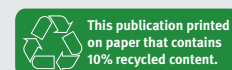
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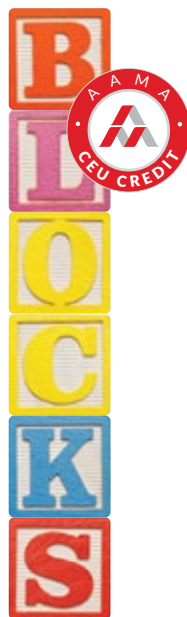
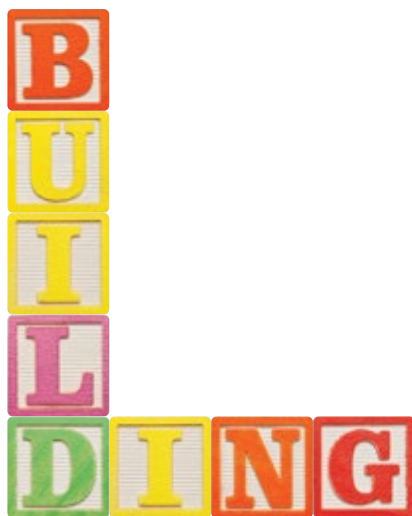
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Medical Assistants Bridge the Gap

Get ready to build up support for medical assistants during Medical Assistants Recognition Week (MARWeek)! This year—and every year—we celebrate as medical assistants bridge the gap in health care.

That is why we celebrate MARWeek during the third full week in October:

MARWeek: Oct. 21–25, 2024

MARDay: Oct. 23, 2024

The AAMA provides tools (i.e., promotional MARWeek packets, products, and downloads) to help you celebrate the professionals who are true partners in health care. Visit the AAMA online store to order* complimentary MARWeek packets. You can also order individual posters and magnets.

**Orders of complimentary items will be sent out through early October while supplies last. You may also download the MARWeek logo and materials, such as sample messaging, from the “MARWeek” webpage, which is found within the “News & Events” tab. ♦*

AAMA Membership Reminder

Be on top of your dues! If you are hoping to serve as a delegate or alternate for your state society at the 2025 AAMA House of Delegates, be sure to pay your dues well ahead of the Dec. 31 deadline so that the AAMA is able to report your active status to your state.

Put Safety First in September

The Medical Assistant Partnership for Healthy Pregnancies and Families (MAP) strives to reduce and prevent FASD by introducing and sustaining medical assistants’ knowledge and practice behaviors.

September is FASDs Awareness Month, so it’s time to explore the MAP website and its resources, including the Walk and Talk products, which medical assistants can use—even during brief moments with patients—while walking from the waiting room to the examination room. Choose from scripts, posters, index cards, and more to help you and fellow medical assistants improve your interactions with patients. Visit the MAP

On the Web

Request a Rep

Under Volunteers/Guidelines and Forms

State presidents, see instructions for submitting your request for a member of the Representatives Bureau to attend your 2025 meeting. ♦

Earn Free AAMA CEUs While Learning about FASDs

Want to expand your knowledge of addressing substance misuse in clinical settings in honor of FASDs (Fetal Alcohol Spectrum Disorders) Awareness Month? Check out these free CEU courses provided by the Medical Assistant Partnership for Healthy Pregnancies in the AAMA e-Learning Center:

- **New!** *What Medical Assistants Need to Know about Opioid Use Disorders and Pregnancy in 2024* (1 gen/clin CEU)
- *Cannabis Phenomenology, Therapeutics, Misuse—An Evolving Landscape* (1 gen/clin CEU)
- *Introduction to Fetal Alcohol Spectrum Disorders: The Medical Assistant’s Role* (1.5 gen/clin CEU)
- *Promoting Substance-Free Pregnancy: What Medical Assistants Need for Effective Practice* (1 gen/clin CEU)
- *Understanding the Opioid Overdose Crisis: How Medical Assistants Can Help Patients* (1 gen/clin CEU)
- *Women and Alcohol: Prevalence, Trends, and Preventing Alcohol-Related Harm* (1 gen/clin CEU)

website (FASDMAP.org) for resources on these topics and more:

- Opioids and Naloxone
- Cannabis
- What You Should Know about Delta 8
- Alcohol and Suicide
- Things to Avoid During Pregnancy

The partnership between the AAMA and MAP acknowledges the unique role medical assistants have in forming communication links between patients and providers and motivating patients to avoid or stop dangerous alcohol consumption. Take action this FASDs Awareness Month and learn more about promoting alcohol- and substance-free pregnancies through these great products! ♦

Legally Allowable Medical Assisting Tasks in Telehealth



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

The following is an adaptation of a presentation that AAMA CEO and Legal Counsel Donald A. Balasa gave or will give at both the Medical Group Management Association Operations and Leadership conferences in May and October (respectively) of 2024.

The telehealth tasks delegated to medical assistants expanded considerably during the COVID-19 pandemic. And medical assistants continue to assume crucial roles in telehealth. The purpose of this article is to explain the legal analysis for determining which telehealth tasks are delegable to medical assistants.

Medical Assisting Telehealth Task Billing and Reimbursement

As with all medical assisting tasks, telehealth duties performed by medical assistants are billed “incident to” the services of the delegating/overseeing licensed provider(s)—usually physicians, nurse practitioners, and physician assistants. Medical assistants are not permitted to bill for services independently. Consequently, they do not have National Provider Identifier numbers.

The requirements for services to be incident to those of a licensed provider are set forth in the following excerpt from the *Code of Federal Regulations*:

§405.2413. Services and supplies incident to a physician’s services.

(a) Services and supplies incident to a physician’s [and a nurse practitioner’s and a physician assistant’s] professional service

are reimbursable under this subpart if the service or supply is:

...

(3) Furnished as an *incidental*, although *integral*, part of a physician’s professional services [emphasis added]¹

Laws that Determine Which Telehealth Tasks Are Delegable to Medical Assistants

State statutory law, common law, and federal statutory law determine which telehealth tasks are delegable to medical assistants and reimbursable by third-party payers—including the Centers for Medicare & Medicaid Services (CMS).

State Statutory Law

Medical assisting scope of practice is determined primarily by state law. The laws of some American jurisdictions do not include a specific reference to “medical assistants.” In these jurisdictions, medical assistants are classified as “unlicensed assistive personnel,” “employees,” “qualified persons,” and “agents” of the delegating provider, for example.

In other states, the law includes the term “medical assistant” and specifies the tasks that may and may not be performed by medical assistants—regardless of which category of licensed provider is assigning duties to the medical assistant. In contrast, under the laws of other states, the scope of practice of medical assistants is established by the legal scope of delegation of the licensed provider.

The scope of practice of medical assistants in these states may vary depending on whether medical assistants are working under the authority and supervision of (1) physicians (allopathic and osteopathic), (2) advanced practice registered nurses (primarily nurse practitioners), or (3) physician assistants.

Common Law Principles Established by Judicial Decisions

In addition to the authority to enact legislation and promulgate rules and regulations, state and federal governments are empowered to resolve disputes about the law and conflicts between parties by means of their judicial (court) systems. Courts may formulate and apply legal principles to resolve a case or controversy under federal or state law. These legal principles constitute the common law and have precedential authority in future cases.

Federal Statutory Law

The U.S. Constitution does not authorize the U.S. Congress to make scope of practice determinations for professions and occupations. This authority is reserved to the states by the Tenth Amendment of the Constitution and is considered part of the state’s police power exercised to protect the health, safety, and welfare of its residents. However, federal law allows Congress and executive branch bodies (e.g., CMS) to establish the conditions for reimbursement for the services of professionals under federal programs—such as Medicare and Medicaid.

Tasks (Including Telehealth Tasks) Not Delegable to Medical Assistants

My legal opinion is that state law and common law principles do not allow the following the delegation to medical assistants:

- Tasks that require the exercise of independent clinical judgment
- Tasks that require the making of clinical assessments, evaluations, or interpretations
- Tasks limited by law to other (often licensed) professionals

Tasks (Including Telehealth Tasks) Delegable to Medical Assistants

My legal opinion is that state law and common law principles allow to be delegated to knowledgeable and competent medical assistants the verbatim receiving, documenting, and transmitting of information for or on behalf of the provider. Verbatim transmitting includes only what the provider has authorized.

Verbatim transmitting does not permit the answering of questions that require the exercise of independent clinical judgment or the making of clinical assessments, evaluations, etc. Such questions must be referred to a licensed provider or licensed health professional.

Other Delegable Tasks

As long as the “no clinical assessment” principle is followed, the following tasks are delegable to knowledgeable and competent medical assistants:

- Patient education
- Relaying test results (negative or positive)

To reiterate, questions involving clinical judgment must be referred to a licensed provider or professional.

Chronic Care Management

Note the following description of Chronic Care Management (CCM) by CMS:

CCM is the care coordination that is outside of the regular office visit for patients with multiple (two or more) chronic conditions expected to last at least 12 months or until the death of the patient, and that place the patient at significant risk of death, acute exacerbation or decompensation, or functional decline.²

CCM Services Licensed Providers May Delegate to Clinical Staff

CMS addresses what tasks (including telehealth tasks) licensed providers are permitted to delegate to clinical staff. Importantly, most of these tasks may be done under the general (not direct/on-site) supervision of the licensed provider:

As a member of the care team, clinical staff may perform activities such as: collect structured data, maintain/inform updates for the care plan, manage care, provide a 24/7 access to care, document CCM services, and provide support service to facilitate CCM.³

Most of these services may be performed under *general provider supervision*. *The provider does not have to be on the premises/in the office suite.*³

Definition of “Clinical Staff”

CMS defines “clinical staff” by directing practitioners to the *Current Procedural Terminology* (CPT) code:

Certain CCM codes describe time spent per calendar month by “clinical staff.” Who qualifies as “clinical staff?”

Practitioners should consult the CPT definition of the term “clinical staff.”³

The CPT defines “clinical staff” as follows:

A clinical staff member is a person who works under the supervision of a physician or other qualified health care professional and who is allowed by law, regulation, and facility policy to perform or assist in the performance of a specific professional service but does not individually report that professional service.⁴

Clinical Staff License Requirements

According to the CPT codebook, clinical staff do not need to be licensed. The CPT definition does not limit clinical staff to those who are licensed. The following are the only requirements:

- The clinical staffer must work “under the supervision of a physician or other qualified health professional.”⁴
- The clinical staffer is allowed by “law, regulation, and facility policy to perform or assist in the performance of a specific professional service.”⁴
- The clinical staff “does not individually report that professional service.”⁴

Medical Assistants as Clinical Staff

Medical assistants are considered clinical staff under the definition in the CPT codebook. The following is true of medical assistants:

- They work under the supervision of a licensed health professional.
- They are allowed by law to perform specific professional services.
- They do not bill independently for their services; their services are billed incident to the services of the delegating licensed professional.

CMS Definition of “Auxiliary Personnel”

CMS defines “auxiliary personnel” as follows:

(1) Auxiliary personnel means any individual who is acting under the supervision of a physician (or other practitioner), regardless of whether the individual is an employee, leased employee, or independent contractor of the physician (or other practitioner) or of the same entity that employs or contracts with the physician (or other practitioner)⁵

Medical assistants are included within this definition of “auxiliary personnel.”

Clinical Staff/Auxiliary Personnel Telehealth Services

CMS addresses specific telehealth services that may be carried out by clinical staff and auxiliary personnel. CMS states in one of its fact sheets that patient consent may be obtained remotely by clinical staff/auxiliary personnel (including medical assistants) under the general supervision of the billing practitioner:

Consent for Care Management & Virtual Communication Services

We require patient consent for all services, including non-face-to-face services. You may get patient consent at the same time you initially provide the services. Direct supervision isn't required to get consent. In general, *auxiliary personnel* [who include medical assistants] under *general supervision* of the billing practitioner can get patient consent for these services [emphasis added]. The

person getting consent can be an employee, independent contractor, or leased employee of the billing practitioner.⁶ ♦

Questions and thoughts about this article may be directed to the author at DBalasa@aama-ntl.org.

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Two Heads Are Better Than One

Encourage Student Collaboration in the Classroom

by Kelli Smith

Most educators enter the field believing in the power of collaboration and its ability to bolster education for their students. However, as students increasingly focus on their individual goals in the classroom or look to their laptops to learn, educators may struggle to encourage collaborative learning. This overly independent approach can present problems in the efficacy of medical assisting students' education as they prepare to enter a field that necessitates collaboration and cooperation.

Fortunately, educators can turn to collaborative learning—either between two students or in larger groups—by intentionally including it in their curriculum. Educational researchers have found that this approach to education helps students teach one another by addressing misunderstandings and clarifying information, thus benefitting their comprehension in the long run.¹

Consider the following benefits and strategies to help students become more collaborative.

Keep in Mind

Research shows that active, social, contextual, engaging, and student-owned educational experiences can encourage deeper learning. Some of the benefits of collaborative learning include the following:

- Development of higher-level thinking, oral communication, self-management, and leadership skills.
- ...
- Increase in student retention, self-esteem, and responsibility.
- Exposure to and an increase in understanding of diverse perspectives.
- Preparation for social and employment situations.¹

Crucially, collaborative learning helps prepare students for the social environment of a physician's practice, in which they must practice teamwork with other health care workers, including physicians, nurses, and other medical assistants.

"Collaborative learning not only devel-

ops higher-level thinking skills but also boosts students' confidence and self-esteem," says Patricia Boutilier, MBA, MS, BS, EDS, RMA(AMT), CMA (AAMA), a credentialed medical assistant at San Luis Valley Health Regional Medical Center in Alamosa, Colorado. "Working together exposes the students to different viewpoints, fostering understanding and empathy [for] diverse perspectives. It prepares them for real-life social and employment situations."

The ability to collaborate with other students also prepares students to work with patients. "Collaboration in [the] classroom can help students develop a variety of skills that will benefit them in their [careers] as medical assistants," says Amber Powers, AAS, CMA (AAMA), a medical assistant educator at Johnston Community College in Smithfield, North Carolina. "Students learn the importance of communication [and] critical thinking skills, and it improves their self-esteem. These are important qualities for a medical assistant and for patient care."

Additionally, as students may struggle through their programs for various rea-

sons, these collaborative experiences can give students a sense of belonging, aiding in their learning experience, according to Carmen Monk, BS, CMA (AAMA), the medical assisting program director and practicum coordinator at Western Iowa Tech Community College. “When a student feels comfortable, seen, [and] heard, the brain is able to relax and retain information and concepts,” she says.

And yet, despite the numerous benefits of collaboration, the hard part is finding ways for students to meaningfully interact with one another and foster these shared learning experiences.

Brainstorm

Educators can seamlessly incorporate several strategies for encouraging students to collaborate with their peers into their curriculum:

Introduce students. At orientation or

Face the Facts

Collaborative groups must be built and nurtured by educators because students often need to learn how to work effectively with others and as part of a team. Educators must help students understand the fundamental aspects of collaboration in several ways:

- Help students understand the benefits of collaboration and what successful collaboration looks like.
- ...
- Give students time and opportunities within the activity to develop leadership, decision-making, trust-building, communication, and conflict-management skills.
- Establish expectations and norms for working together.
- Design ... protocols for handling conflict disagreement so they can resolve issues within their teams.
- Teach students active listening skills.²

on the first day, Monk introduces students to one another through an icebreaker. This breaks down a wall between them immediately, making them more comfortable in the classroom environment.

“When the different sections of [my class] are in the classroom and laboratories, students are already a little familiar with their classmates and then can build relationships,” she says.

Even if educators teach remote or hybrid classes—like Letizia Morales, MS-PAS, CMA (AAMA), a professor and the program coordinator of the medical assisting program at Housatonic Community College, does—they can still encourage students to introduce themselves to one another online.

“We have introduction discussion boards where students are required to write an intro about themselves, as well as post pictures,” says Morales, who is also chair of the school of nursing and health careers at the college. “They then need to comment on two fellow classmates’ [submissions]. This is wonderful because many of them see they have a lot in common with each other.”

Throughout the semester, students may continue to get to know one another, exchange numbers, and even form study groups of their own.

Use real-life scenarios. For Marjorie Michelle Van Duyne, MHSE, CMA (AAMA), a favorite example of student collaboration is when students learn to properly draw blood in class. “They start with the basics and are instructed to lean on each other’s strengths to successfully master this competency,” says Van Duyne, an adjunct medical assisting educator at Wayne Community College in Goldsboro, North Carolina. “It’s fun because I get a real sense of students’ compassion and empathy for one another, which eventually transfers to their compassion and empathy toward future patients.”

Morales has a similar approach to teaching students various medical assisting tasks, including how to do a throat culture. “I have a written rubric, [play] a video demonstration, perform the task on a volunteer, and then have them get into groups of three to practice,” she says. “Each person has a role: medical assistant, patient, and instructor. I find doing it that way covers all learn-

ing styles. They really get comfortable and become a close group by the end of the program. They practice almost every skill on each other.”

Incorporate humor. Van Duyne eases uncomfortable students into learning how to instruct patients how to properly collect a urine specimen by playing funny clips from her favorite TV shows. She feels this helps them prepare to learn about helping patients of all sexes with specimen collection.

“I prefer humor to most other strategies when attempting to break the ice,” says Van Duyne. “It can be difficult for students to get comfortable talking about genitalia, but it’s a necessary part of being a good medical assistant.”

Additionally, incorporating humor can create a bond between the students and educator, making these uncomfortable topics throughout the medical assisting course more surmountable.

Play games. Playing games can be a wonderful way to incorporate fun and make classmates more comfortable with one another, according to Van Duyne and Boutilier.

“I like to use ‘Two Truths and a Lie’ or [other] simple games to help students get to know each other,” says Boutilier. “Using fun games like word association games to introduce new topics and connecting related words or concepts can [also] spark collaboration.”

“Remember, fostering positive relationships among students is crucial for creating a collaborative classroom environment,” she concludes. “By implementing these strategies, you’ll promote teamwork, engagement, and deeper learning experiences!” ♦

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Telehealth Can Decrease Health Care's Climate Impact

Since the COVID-19 pandemic, many people prefer the convenience of telehealth over in-person medical visits. And it's not only benefiting patients—a new study found that telehealth reduces greenhouse gas emissions.

Nationwide carbon dioxide emissions generated as a result of cancer care could be reduced by 33% by moving all oncology visits that do not need to be done in person online and allowing patients to have certain tests and procedures performed at clinics closer to their homes, reports *JAMA Oncology*.

The study included over 120,000 people receiving cancer care at Dana-Farber in Boston and its satellite hospitals across New England from May 2015 to December 2020. In March 2020, when the COVID-19 pandemic forced many oncology visits to occur over phone and video calls, researchers estimated an 81% reduction in carbon dioxide emissions. The reduction included fewer miles driven as well as less medical waste, toilet paper, and hand sanitizer.

Researchers then calculated what greenhouse gas emissions would have been pre-pandemic if telemedicine had been in place and applied it to the entire U.S. population. They found that telehealth and the use of clinics closer to patients' homes for oncology could prevent one-third of emissions, according to *Science Daily*.

Health care providers have been debating the pros and cons of telehealth and whether it reduces or increases health care disparities, but increasing telehealth access—both in oncology and in other realms of health care—can go a long way in reducing health care's climate impact.



CDC Warns of Dengue Fever in the United States

The Centers for Disease Control and Prevention (CDC) issued a health advisory to inform the public, health care providers, and authorities of the increased risk of dengue fever infections in the United States. An unexpectedly high number of dengue fever cases have been reported throughout the country and globally, according to the CDC.

As of the end of June 2024, a total of 2,241 cases have been reported this year. Most cases are travel related, according to the CDC. Last year, the CDC reported over 3,000 cases of dengue fever in the United States and its territories, reports *NBC News*. This year, global cases of dengue fever are the highest on record, particularly in Latin American countries, where nearly 10 million cases have been reported.

Dengue fever infections have increased in nations that are reporting increasingly hot temperatures, creating ideal conditions for mosquitoes to hatch and carry high amounts of the virus.

Symptoms of dengue fever can be mild or severe and include fevers, vomiting, muscle aches, joint and bone pain, headaches, nausea, and low white blood cell counts. Further, severe cases can cause shock, internal bleeding, and death.

To prevent dengue fever, use bug spray when outside, particularly in parts of the world where dengue fever is common. If possible, wear loose-fitting, long-sleeved shirts and pants. Additionally, run the air conditioner or use window screens so mosquitoes remain outside.



Male Birth Control Shows Promise

In June 2024, researchers with the National Institutes of Health's Contraceptive Development Program presented encouraging phase 2 trial results on a male birth control gel.

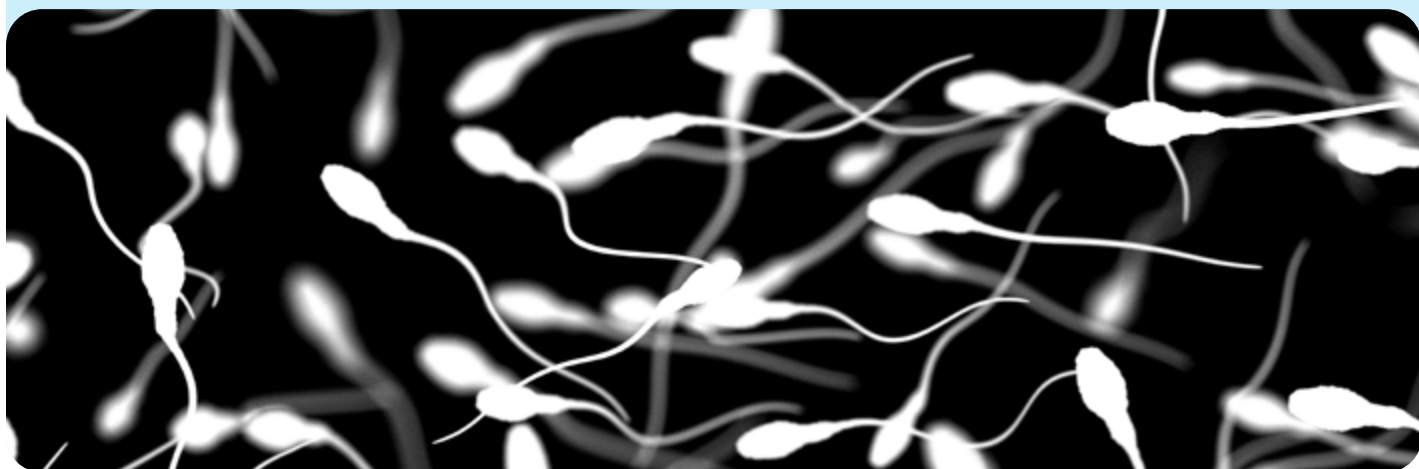
The trial involved 222 men, ages 18 to 50, who applied 5 milliliters of the gel to each shoulder blade daily, reports NBC News. While the next part of the trial is still ongoing, initial findings showed that the contraceptive worked faster than expected.

Most participants (86%) achieved sperm suppression. The time for effective contraception was an average of eight weeks.

No federally approved male birth control drugs exist, even after numerous attempts and failures. Very few have even advanced to human trials. While previous approaches have shown potential, researchers have lacked the funding or financial investment necessary to complete human trials.

If one male birth control drug can obtain approval from the U.S. Food and Drug Administration, pharmaceutical companies and industry investors could provide more resources for other medications or products, according to Health Day.

Three-quarters of 2,066 male respondents said they would be willing to use new contraceptives in a 2023 survey published in the journal *Contraception*. While demand for male birth control exists, funding is necessary to make it become a reality.



Study Finds Six Subtypes of Depression

Finding the right treatment for depression can often be a long process filled with trial and error. However, physicians may eventually be able to prescribe treatment more easily by assessing exactly how depression affects the patient's brain.

New research has identified six subtypes of major depression via brain imaging and machine learning. The study published in *Nature Medicine* also tested how three of those subtypes responded to various antidepressants and therapies, according to Stanford Medicine.

Approximately 26 million people in the United States live with depression, and 30% to 40% of people with depression do not experience improvement of symptoms after trying one treatment, according to the study. About 30% of people diagnosed with depression experience treatment-resistant depression (i.e., depression that does not improve after multiple treatment attempts).

The study used data from 801 participants who were previously diagnosed with depression or anxiety and 137 control group participants, reports CNN. Using magnetic resonance imaging, they measured the participants' brain activity to focus on brain regions known to play a role in depression.

One of the subtypes of depression found by researchers was characterized by overactivity in cognitive regions, which was associated with more anxiety, negative bias, and anhedonia (i.e., an inability to feel pleasure) than other biotypes. Participants with this biotype had the best response to the antidepressant venlafaxine.

The study's next step is to test the authors' hypotheses on which treatments can work best for those with various subtypes of depression. While the study's findings are far from being applied to patient care, this is a step in the right direction for the field of mental health care.





Set the Foundation for Healthier Futures with Quality Pediatric Care

By Mark Harris

Ensuring children grow up in healthy and nurturing environments is a major responsibility, shared not only by parents and caregivers but also by communities and society as a whole.

From infancy through childhood and adolescence, the developmental needs of the pediatric population encompass a range of physical, mental, interpersonal, and social-emotional needs. Quality education, proper nutrition, adequate physical activity, positive friendships, and a safe and loving family environment are all instrumental to children's healthy development.

Children and adolescents also require access to health care. From preventive medicine to treatment for illness, disease, and injuries, young people must have regular access to comprehensive health care resources.

For the most part, primary health care for pediatric patients is managed by pediatricians and family medicine physicians. Both specialties have training in pediatric health care, including acute, chronic, and preventive care. While family medicine physicians treat patients of all ages, pediatricians specialize in the medical care for infants, children, and adolescents. The field of pediatrics also includes several subspecialties, such as adolescent medicine and pediatric cardiology, oncology, neonatology, and emergency medicine.¹ Pediatricians are considered leading experts in understanding children's developmental milestones, tracking their growth over time, and monitoring key physical, cognitive, language, social-emotional, and other skills.

Play It Safe

While parenting can be one of life's most rewarding experiences, it often comes with many challenges. Indeed, child-rearing may be an especially daunting responsibility in today's society. Certainly, many parents worry about keeping their children safe and healthy in environments that have abundant potential risks to their well-being. In addition to the COVID-19 pandemic, concerns about worsening youth mental health, gun violence, school safety, the impact of social media, and other pressing issues and concerns only add to the myriad challenges involved in healthy development.

The scope of these challenges is the focus of a recent clinical report from the American Academy of Pediatrics (AAP). The 2024 *Pediatrics* journal report, "The Role of the Pediatrician in the Promotion of Healthy, Active Living," provides an informative overview of practical recommendations and strategies to enhance health and lower risks of illness in children and adolescents.²

The AAP report highlights several intersecting areas of focus and concern in pediatric health:

Few children and adolescents meet federal nutrition or physical activity recommendations, and many experience poor or inadequate sleep and negative health effects from screen use and social media. These lifestyle factors exacerbate physical and mental health risks for children and adolescents.²

Further, the AAP report provides health care providers with a new, more compre-

hensive framework to understand and address these integrated health concerns. "This report is an update to an earlier 2015 report on the role of pediatricians to help prevent obesity," explains Natalie D. Muth, MD, MPH, RDN, lead author of the AAP report and clinic director of the Children's Primary Care Medical Group in Carlsbad, California. "It was reframed in this update because it's not only about preventing childhood obesity but also [about setting] a stage for what we've learned are fundamental areas that can help a child and a family to be well, healthy, and [thriving]. These involve five key areas: nutrition, physical activity, sleep, screen use and media use, and social-emotional wellness. These five areas all affect each other and the child's overall health and well-being. We're looking at what pediatricians should be advising or helping to support in these areas in a developmentally consistent way."

The lens of larger environmental influences also shapes AAP perspectives on child and adolescent health, says Dr. Muth. "We all live within environments that can help nurture and support us to do things or not," she observes. "We look at our recommendations in the context of not just the individual person ... but in the context of the child with their family, their community, and the more institutional and policy world in which we live and then also take into account social determinants of health and other factors that impact a child's behaviors and well-being."

Kids Menu

In this regard, the significant impact of the COVID-19 pandemic on the health and well-being of children and adolescents must be acknowledged. In fact, in 2021, the AAP, American Academy of Child and Adolescent Psychiatry, and Children's Hospital Association declared a national emergency in children's mental health. The groups noted the increasing prevalence and severity of anxiety, depression, and eating disorder symptoms among youth.²

While several years have passed since the beginning of the pandemic, youth mental health remains a major concern. As a 2021 Surgeon General's advisory highlights, mental health plays an integral role in overall youth health. Citing the "unprecedented pressures and stresses" facing young people, the Office of the Surgeon General has affirmed the importance of addressing the root causes of poor mental health. This includes the recommendation that all children should have access to high-quality, affordable, and culturally competent mental health care.³

A related area of long-standing concern for pediatricians involves diet and nutrition. Remarkably, people 2 to 19 years of age get about 67% of their total caloric intake from ultra-processed foods.² These are largely ready-to-consume foods high in sodium, sugar, fat, preservatives, additives, artificial colors, and other refined ingredients. The dietary culprits include fast-food products, frozen meals, sugary drinks, and many packaged food products. As a dietary staple, ultra-processed foods are associated with increased health risks of obesity, metabolic syndrome, adult depression, and all-cause mortality.²

The AAP report brings a new spotlight to this urgent issue. "The amount of ultra-processed foods consumed is just incredible," notes Dr. Muth. "The recommendation for pediatricians to counsel families to minimize ultra-processed foods is kind of obvious, but not something that's been said yet until this report. As a pediatrician, I try to encourage families to eat [unprocessed] food. The strategy to do that will depend on the child's age and devel-

Recommendations for Screen Use

Review suggestions from the American Academy of Pediatrics:

- For children younger than 18 months, discourage screen media except for interactive video chatting.
- For children 18 months to 2 years of age, encourage parents to choose high-quality programs viewed together with their children and avoid allowing children to use media by themselves.
- For children 2 to 5 years of age, limit media to one hour or less per day of high-quality programming.
- For children and adolescents 6 years and older, adopt an individualized Family Media Plan (www.healthychildren.org/MediaUsePlan) that outlines the boundary between screen time and other activities and can be tailored by a child's age.²

opment, but there are things we can do to make it easier for children and families to eat more whole foods, whole grains, and plant-based foods. ... For instance, whether they're fresh, frozen, or canned with the salt rinsed off, fruits and vegetables offer a lot of nourishment and are great to include in the diet. For various reasons, many people don't have these foods that often."

Dr. Muth suggests establishing regular meal and snack times. Parents can also make healthy foods and snacks—instead of sugary and highly processed drinks and snacks—more readily available in the home. Additionally, children can be encouraged to pay attention to their own cues for hunger and fullness, as opposed to eating out of boredom or in response to triggers like social invitations or peer pressure to eat or drink.

"As children get older and [when they are] adolescents, we can also teach them to look at labels," says Dr. Muth. "[We can teach them] to understand that when they see something that's got 30 ingredients, and mostly ingredients they've never heard of, this is a very processed food and maybe there are other options instead."

Notably, the AAP's dietary guidelines recommend children younger than two years consume no added sugars. For children and adolescents two years and older, the recommendation is to limit added sugars to less than 10% of their total calories. Sugary drinks are a common source of added sugars. Added sugars are associated with multiple health risks, including obesity, dental cavities, type 2 diabetes, and increased cardiovascular risks. For children and adolescents, water and unflavored milk are preferred alternatives. The AAP advises against juice drinks for children younger than one year and recommends limited access to them for older children. A better alternative is whole fruits, whether they are fresh, frozen, canned, or dried.²

Tag, You're It

Another major focus of child and adolescent health is physical activity. A valuable resource of age-appropriate recommendations on this topic can be found in the 2018

Physical Activity Guidelines for Americans published by the U.S. Department of Health and Human Services. The guidelines introduce two key recommendations. First, preschool-aged children 3 to 5 years of age should engage in regular physical activity throughout the course of the day. For children and adolescents 6 to 17 years of age, the guidelines recommend at least 60 minutes of daily physical activity. The activity should mostly involve moderate- or vigorous-intensity cardiovascular activity, with at least three days a week devoted to vigorous-intensity level activity.⁴

How can children and adolescents in the appropriate age range get 60 minutes or more of daily physical activity? "Structured sports can be a great way to do that for many children," says Dr. Muth. "But there are also many children who are not getting that activity through structured sports or don't think that's very fun. For children, it's important that the activity is something they enjoy and have fun doing. I think unstructured playtime can also do that. Because children can use their imagination, they can come up with ways to move, be active, or play with each other that don't have adults micromanaging them or the pressure that may sometimes come with sports. But that playtime in short spurts can also be a way of connecting with nature and with other kids to get movement and other benefits that come from free play. It starts at the youngest of ages too. Even infants should have time to practice tummy time, having a space to be able to move and be active."

Ideally, children will have opportunities to discover their own path to lifelong exercise habits. "If kids want to do organized sports, that's great, and I encourage it," says David G. Thoele, MD, a pediatric cardiologist at Advocate Children's Heart Institute in Park Ridge, Illinois. "But I sometimes get concerned even about the kids who are doing only organized sports. That's because I look at exercise and activity as something you build into your life. It's fine to be on a baseball team or a cheerleading team when you're 15 years old, but when you're 25 years old you're probably not going to be on a team. So, what are you doing at that time? Even if

you are doing team sports, you should try to find some physical activity you like that you can continue for the rest of your life."

Whether the activity is swimming, running, biking, or other activities, Dr. Thoele suggests the best exercise is the one people enjoy and will do. "If it's something you enjoy doing, then you'll do it for a long time," he observes.

I Spy

Another current issue that merits attention is the growing use of media and technology products by young people. Understandably, many parents have concerns about how much time their children spend using electronic screens, smartphones, tablets, gaming consoles, TVs, and computers. They also may be uncertain about how to set rules or boundaries regarding their children's digital media use and exposure to social media.

Pediatricians share these concerns. In fact, media use classified as "problematic" is not uncommon in children and adolescents, warns the AAP. In one survey, 39% of 11- to 17-year-olds experienced behavioral issues with media preoccupation, withdrawal, and unsuccessful efforts by parents to control its use. Similar problems were reported among 33% of children 6 to 10 years of age.² The impact of the COVID-19 pandemic might have exacerbated these issues. Screen time use among children ages 8 to 12 now averages four to six hours a day, while teens spend up to nine hours a day engaged with screens, according to the American Academy of Child and Adolescent Psychiatry.⁵

Of course, screen use is not inherently detrimental. Digital media, online learning resources, and other technology can be useful tools for learning, entertainment, and social engagement. But as with most matters in life, balance is crucial. Their use should be managed responsibly and in moderation, caution experts. For parents, however, knowing how to find that healthy balance is not always easy. This is not only because screen time offers both benefits and risks but perhaps also in part because some parents might find today's rapidly evolving technology landscape different or unfamiliar

to their own experience growing up.

How can parents better navigate or manage their children's screen time and technology use? "As a pediatrician caring for adolescents, I am concerned about media preoccupation, withdrawal, and the conflicts that arise between parents and teens over device usage," says Maria G. Aramburu de la Guardia, MD, MPH, FAAP, a pediatrician with Lehigh Valley Reilly Children's Hospital in Allentown, Pennsylvania. "My recommended approach is preventive. Parents should start thinking about a media plan well before their children reach [their] preteen years. This should be an ongoing conversation and form of communication with their children about the risks and benefits of media usage. When a family decides to give a child or teen a device, they need to establish a plan based on trust, communication, and mutual education. It's also crucial to assess the child's readiness for a device, considering factors like age, maturity level, developmental conditions, and overall balance in their life."

Practical resources are available from the AAP and partner organizations to help parents and families manage their decisions and choices regarding media use, notes Dr. Aramburu de la Guardia, a specialist in adolescent medicine and mental health: "Aligned with my preventive approach, I suggest parents and caregivers use a questionnaire to assess whether their child is ready for a cell phone. A valuable resource is the questionnaire designed by AT&T and the American Academy of Pediatrics."

The cell phone questionnaire and other tips and tools for managing screen time and family media activity are available on the AT&T and AAP "Digital Parenting" web guide,⁶ reports Dr. Aramburu de la Guardia. The digital parenting guide also includes information on the AAP's Family Media Plan. "The Family Media Plan is an excellent tool for ensuring joint decision-making regarding screen use," says Dr. Aramburu de la Guardia. "This plan helps families balance screen time with sleep, nutrition, schoolwork, family time, and physical activity, allowing children to see how screen time fits into their daily routine and understand the

Resources

American Academy of Pediatrics (AAP)

<https://www.aap.org>

The AAP Parenting Website

<https://www.healthychildren.org/>

impact of excessive use. The Family Media Plan provides a customizable framework for families to establish healthy media habits. It covers aspects such as setting screen-free zones and times, determining the types of media that are appropriate, and creating rules that align with the family's values and the child's developmental needs."

The AAP's 5 Cs of Media Use also provide a simple framework to guide discussions with families about digital media use, adds Dr. Aramburu de la Guardia. "The AAP's 5 Cs of media guidance are crucial for managing device use," she remarks. The 5 Cs include the following⁷:

- **Content:** Ensure that the media content is appropriate and beneficial.
- **Calm:** If media is used as a main strategy for coping with emotions or falling asleep, explore alternatives.
- **Child:** Consider the individual needs, maturity, and health of the child.
- **Communication:** Discuss media use often to improve digital literacy and problem-solving when issues arise.
- **Crowding Out:** Identify when media use crowds out other priorities.

Health care providers can make parents and families aware of these helpful AAP resources. "These tools and strategies help families create a balanced approach to media consumption, promoting healthier habits and reducing conflicts over device use," concludes Dr. Aramburu de la Guardia.

Follow the Leader

Whatever the health concern or recommendation, the issue of how pediatricians and other practitioners can influence patients

and families to adopt or improve healthy behaviors and practices is an ongoing challenge.

"I use a number of techniques to engage patients and families to improve their fitness, nutrition habits, and behaviors," says Dr. Thoele. "First, I make it a point to bring up the importance and benefits of a healthy lifestyle for every patient I see, starting even with the parents of babies who are being seen because of something like a heart murmur. I talk to parents about exercise because the main way that children learn is through modeling. I will emphasize to parents how important it is for them to move, be active, and do things with their kids. I want to set the tone for families to avoid a sedentary lifestyle. In my opinion, it's far more efficient and effective to build a healthy life early on."

"For all my patients and families, I try to make a personal connection—to find things we share in common—and emphasize ways that exercising and eating healthy foods can benefit them now and throughout their lives," adds Dr. Thoele. "Healthy living gives you more energy, [lessens] depression and anxiety, and generally helps you feel better. In the future, these behaviors will also help prevent problems like cancer, heart attacks, strokes, or [Alzheimer disease]. I encourage eating fruits, vegetables, whole grain foods, foods with omega-3 oils; avoiding junk food; and staying active. I also mention that I do these things myself and share personal stories, such as how I often make a 24-mile, round-trip bike ride to the clinic or the hospital in my own effort to stay healthy and avoid having to use the medical system too much."

Another communication tool Dr. Thoele may use is the Three-Minute Mental Makeover (3MMM), a research-based journaling practice he developed

with colleagues in the narrative medicine program at Advocate Children's Hospital.⁸ "The Three-Minute Mental Makeover is a mindfulness technique that helps families, patients, and health professionals decrease stress and build relationships to have a more positive therapeutic relationship," explains Dr. Thoele.

Easy as ABC

Medical appointments can involve some trepidation for young children. For this reason, every member of the clinic staff must be sensitive to their youngest patients and their clinic experience.

"It's very important to make children feel comfortable coming to the clinic," says Jessica Brown, CMA (AAMA), a staff member at Kaiser Permanente Bellevue Medical Center in Washington. "I would say it's about 50-50 for the young children as far as being apprehensive. The more apprehensive are usually about 15 months to 5 to 6 years. I try to make the visits fun for the kids. As far as rooming, for example, I will make it kind of a game to get their weight and height, their vision screening, and other parts of the visit. Many children are really scared, especially when they're 3 and 4, to get their blood pressure taken. So, I might describe it to them as kind of like a squeeze hug: 'Can I give you a quick squeeze hug?' If they want to, I'll let them play with the blood pressure cuff a little and explain how it works. For the little ones, I might give them crayons so they can color on the examination table paper. I do my best to make it fun and less scary."

When the visit involves vaccinations, children are often apprehensive. "We have some kids that are afraid of needles," Brown says. "I'm able to relate to the children who are afraid of needles because I myself am [afraid of needles]. So, I might say, 'Hey, you want to hear a little secret?' and I'll share with them that I [have a phobia of needles]. I'll tell them it's normal to feel anxious, but we will get through it together. I let them know they're not alone in their feelings, and that helps. I might also teach them ways I keep myself calm, such as deep breathing or counting. There are also different tools that

we can use, like Buzzy or the Shotblocker, that help distract their minds from being poked by a needle.”

Buzzy is a small device that uses cold and vibration to block pain and provide distraction when giving injections. The Shotblocker is a device that uses blunt contact points to supply sensory signals around an injection site and similarly helps to distract patients from potential discomfort.⁹

“I think the most important thing is trying to connect with the children,” concludes Brown. “It’s very important to talk not just to the parents but also to the kids and to make [kids] feel included in the visit.”

The importance of a child-centered staff perspective is one shared by Porshia Craig, CMA (AAMA), a staff member in family medicine at North Memorial Health in New Hope, Minnesota. “From the time that you call the patient back until the end of the appointment, [it] is all about being open and engaging with the child, getting on their level,” says Craig. “When children are a little older, they’re usually easier to talk to, but when they’re younger, they’re more likely to be scared of the unknown. You can usually tell when a child is uncomfortable or has had a lot of medical appointments at a very young age and [is] scared. That’s why the first thing for me is always to make sure the child is comfortable and the parents are comfortable as well.”

Craig also cautions against unwittingly putting the focus more on the parent instead of the child. “Medical assistants should be careful not to pay more attention to the parent than the child,” she observes. “The child usually wants you to interact with them during their appointment. Doing so can make their time with the provider easier too.”

Youth Got This

In the United States, the pediatric health care system provides a strong foundation for pediatric health. However, access to care, affordability issues, and other barriers to health and health equity continue to challenge the health care system.

“Social determinants of health are a critical but often overlooked aspect of

School of Thought

“I think the social determinants of health aspect of care, regarding the child within a broader community, can help us to go beyond just providing advice or saying something we think should be done but maybe isn’t always practical for certain families. As providers, we want to really listen and get a good sense of where the patient and family are [and] how we can partner with a family and help connect them with resources that will help their child thrive. We want to be looking for opportunities to improve nutrition, physical activity and movement, sleep routines, and screen use. We’re also looking at social-emotional wellness that gets into parenting strategies and issues like anxiety, depression, and bullying.”

—Natalie D. Muth, MD, MPH, RDN

overall health,” concludes Dr. Aramburu de la Guardia. “As pediatricians, we must proactively screen for the effects of these determinants in our patients’ lives. For example, food insecurity, which affects approximately 10.5% of households in the United States, is a prevalent issue impacting physical health, mental health, and learning. Housing instability is another significant concern, affecting around 37.1 million households. Additionally, approximately 30 million Americans lack consistent access to health care. In patients with mental health diagnoses, these social factors can exacerbate their conditions. We should prioritize asking patients and families about these issues using evidence-based screening tools. After identifying social determinants of health, the next step is providing resources and support to address these needs. This holistic approach is essential for improving patient outcomes and ensuring health equity.”

While the issues and challenges are many, comprehensive health care resources exist to benefit the health and well-being of children and adolescents. Certainly, every member of the health care team has a crucial role to play in supporting pediatric patients. From well-child check-ups to preventive screenings, immunizations, care for illness and injuries, and advice and information as children grow and mature, quality health care can help ensure children and adolescents have every opportunity to lead the healthy, active lives they all deserve. ♦

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Pediatric Wellness

Deadline: Postmarked no later than **November 1, 2024**

Credit: 2.5 AAMA CEUs (gen/clin) **Code:** 143235

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!

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

- | T F | T F |
|--|---|
| <p><input type="checkbox"/> <input type="checkbox"/> 1. In a medical appointment with a child, a medical assistant should pay more attention to the parent than the child, because the parent is more knowledgeable about the child's medical status.</p> <p><input type="checkbox"/> <input type="checkbox"/> 2. Key areas of health and well-being for children and their families are nutrition, physical activity, sleep, screen and media use, and social-emotional wellness, according to the American Academy of Pediatrics.</p> <p><input type="checkbox"/> <input type="checkbox"/> 3. Raising children is easier than it used to be because of modern conveniences such as television, computers, and social media.</p> <p><input type="checkbox"/> <input type="checkbox"/> 4. High-quality mental health care should be provided to children and adolescents because of the stresses and pressures they encounter, according to the Surgeon General of the United States.</p> <p><input type="checkbox"/> <input type="checkbox"/> 5. Pediatric patients need not only treatment for illnesses and injuries but also preventive medicine.</p> <p><input type="checkbox"/> <input type="checkbox"/> 6. The health and well-being of children and adolescents improved during the COVID-19 pandemic because they spent more time with their immediate family and were protected from the negative influences of their peers.</p> <p><input type="checkbox"/> <input type="checkbox"/> 7. Fruits and vegetables should be eaten only if they are fresh, because frozen and canned vegetables are not nutritious.</p> <p><input type="checkbox"/> <input type="checkbox"/> 8. Evidence has not shown a correlation between social determinants of health and the well-being of children.</p> <p><input type="checkbox"/> <input type="checkbox"/> 9. Ultra-processed foods are ready-to-consume foods high in sodium, sugar, fat, preservatives, additives, artificial colors, and other refined ingredients.</p> <p><input type="checkbox"/> <input type="checkbox"/> 10. Fruit juice is better for children than whole fruit.</p> <p><input type="checkbox"/> <input type="checkbox"/> 11. Inadequate sleep and unhealthy eating habits can have negative effects on the mental and physical health of children and adolescents.</p> <p><input type="checkbox"/> <input type="checkbox"/> 12. Children ages 6 years through 17 years should engage</p> | <p>in physical activity that involves at least one hour of cardiovascular activity each day.</p> <p><input type="checkbox"/> <input type="checkbox"/> 13. Too much screen time for children and adolescents can cause behavioral issues and conflicts between parents and children.</p> <p><input type="checkbox"/> <input type="checkbox"/> 14. Social media is recommended as a means of falling asleep or dealing with negative emotions.</p> <p><input type="checkbox"/> <input type="checkbox"/> 15. Food insecurity, housing instability, and inconsistent access to health care can affect the well-being of children and their parents.</p> <p><input type="checkbox"/> <input type="checkbox"/> 16. People 2 years to 19 years of age get about 75% of their total caloric intake from ultra-processed foods.</p> <p><input type="checkbox"/> <input type="checkbox"/> 17. Parents should adopt a healthy lifestyle because children often follow the example of their parents.</p> <p><input type="checkbox"/> <input type="checkbox"/> 18. Pediatric oncology is a subspecialty of pediatrics.</p> |



Women and Alcohol

Deadline: Postmarked no later than **November 1, 2024**

Credit: 1 AAMA CEU (gen/clin) **Code:** 143234

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

- | T F | T F |
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| <p><input type="checkbox"/> <input type="checkbox"/> 1. Dry January, which describes when individuals choose to abstain from alcohol for a month, has not been shown to have benefits for reducing alcohol consumption during the rest of the year.</p> <p><input type="checkbox"/> <input type="checkbox"/> 2. From 2000 to 2016, the percentage of men who consumed alcohol and the percentage of women who consumed alcohol remained the same.</p> <p><input type="checkbox"/> <input type="checkbox"/> 3. People who drink are at a higher risk of developing cancers of the liver, mouth, throat, esophagus, and colon.</p> <p><input type="checkbox"/> <input type="checkbox"/> 4. In women, alcohol is absorbed faster and stays in the body longer, which is one reason why women have greater exposure to the toxic effects of alcohol than men.</p> <p><input type="checkbox"/> <input type="checkbox"/> 5. Alcohol use during pregnancy occurs in every social, economic, and demographic group, among social drinkers as well as those who binge.</p> <p><input type="checkbox"/> <input type="checkbox"/> 6. No clinical evidence suggests an association between alcohol use and breast cancer.</p> <p><input type="checkbox"/> <input type="checkbox"/> 7. The NoLo movement, which refers to the consumption of drinks containing little to no alcohol content, is likely a cause of a decrease in drinking among adults younger than 35.</p> <p><input type="checkbox"/> <input type="checkbox"/> 8. Consuming alcohol is one of several possible causes of FASDs.</p> <p><input type="checkbox"/> <input type="checkbox"/> 9. Alcohol use is associated with a variety of mental health disorders.</p> <p><input type="checkbox"/> <input type="checkbox"/> 10. While people generally drink to cope or for pleasure, those who drink for pleasure have a higher incidence of alcohol use disorder.</p> <p><input type="checkbox"/> <input type="checkbox"/> 11. Women are at a lower risk of developing alcohol problems than men.</p> <p><input type="checkbox"/> <input type="checkbox"/> 12. Small and infrequent alcohol consumption during pregnancy does not have negative health effects on the mother or the unborn child.</p> | <p><input type="checkbox"/> <input type="checkbox"/> 13. Women are more likely to drink for pleasure than to drink to cope.</p> <p><input type="checkbox"/> <input type="checkbox"/> 14. Prenatal alcohol exposure is the leading cause of preventable birth defects and neurodevelopmental disabilities and can lead to fetal alcohol spectrum disorders (FASDs).</p> <p><input type="checkbox"/> <input type="checkbox"/> 15. Because social drinking has become more accepted, it is now more difficult to discern whether a particular individual has a problem with alcohol use.</p> |

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**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.*

By Cathy Cassata

When patients walk into their physician's practice, medical assistants set the tone for their visit. From the first greeting patients receive to the last encounter before they leave, medical assistants have a steady presence during patients' visits. Medical assistants also act as a bridge between the patient and physician, relaying important information between the two. Additionally, medical assistants assist the physician during examinations and procedures and help conclude the visit by passing on important educational information. This Medical Assistants Recognition Week, providers and patients share their gratitude for all medical assistants do to ensure the visit goes smoothly.

Providers Count on Support

Our medical assistants are the [only] team members who collaborate with every single member of the team. They work closely with the [physicians], nurses, medical administrative assistants, front-desk staff, pharmacy, and prior authorization team. Their ability to multitask and manage the flow of the clinic sets the standards for helping patients navigate their visits during both in-office and virtual visits. Medical assistants are skilled in making patients feel heard by taking the time to understand [patients'] situations. Our patients are lucky to have the support of medical assistants during their medical journey.

Nikki Smith

*Registered Nurse at Mayo Clinic in
Phoenix, Arizona*

Medical assistants are the heart of our practice. They provide continuity, compassion, and empathy for our patients, as well as act as [patient] advocates. In many ways, my medical assistant is my boss, organizing my day-to-day activities and ensuring the practice runs smoothly. Her pivotal role in patient care is essential to our success, and I couldn't provide high-quality care without her invaluable support.

Amanda Williams, DO

Family Practice Physician in Zanesville, Ohio

BRIDGING THE GAP

BETWEEN PATIENTS AND QUALITY CARE

OCTOBER 21-25, 2024



**MEDICAL ASSISTANTS
RECOGNITION WEEK**

**AMERICAN ASSOCIATION
OF MEDICAL ASSISTANTS**

Our medical assistants are truly the backbone of our department. Without the work they do to care for patients and prepare them for their provider visits, we could not provide occupational health services. When our medical assistants balance their own schedule, the patient's schedule, and the provider's schedule well, we are able to provide quality care in a timely fashion to reach as many patients as possible. Medical assistants deserve so much recognition. They are the unsung heroes of outpatient care. They should be proud of the work they do and the difference they make.

Erica Williams

Nurse Practitioner in Duluth, Minnesota

There are 1,600 guidelines that primary care [physicians] are expected to follow, and we need a strong, committed, well-trained, integrated team to do so. During the 25 years that I have worked with medical assistants, they have proved to be a crucial part of the team. They help us reach our ultimate goal of providing patients with the best quality care possible. Thank you, medical assistants, for your hard work and commitment to making the lives of patients better and for being a trusted member of the health care team.

Marie Brown, MD

Internist in Chicago, Illinois



Patients Glad to Cross Paths

Three years ago, I was diagnosed with stage IV colorectal cancer. Since then, I have received regular cancer screenings at my oncologist's [practice]. The medical assistant who works there is one of a kind. She always makes sure my medical needs are met and finds the answers I need. On occasion, she has even dropped off my medicine, so I didn't have to make the trip to pick it up. Best of all, she finds a way to help ease my mind and worries and shows deep empathy for what I'm going through.

Weslie Clark
Warrenton, Georgia

Because I have metastatic breast cancer, I visit my oncologist every week [or every other] week to receive treatments or get blood draws. At other [physicians' practices], I need to be stuck three to four times before they can access a vein. However, the medical assistant at my oncologist's practice is extraordinary. From the moment I met her, she listened to me about my concerns and truly cared for me as a person, not just a patient number. I call her my own personal vein whisperer. On a few occasions, she made it possible for me to receive a blood draw for transfusion in the [practice] rather than going to the hospital. She makes my very difficult appointments a lot less stressful. Fighting cancer with her by my side makes it a little less scary and depressing. Her cheerful personality has turned many bad days around. I can't imagine this journey without her by my side.

Shelley J.
Augusta, Georgia

I could write a book on all the times the medical assistant at my oncologist's [practice] helped me. During the worst times of my life, while dealing with non-Hodgkin lymphoma, she always offered encouragement, showed compassion, and made me feel cared for. On one particular day during my [chemotherapy] treatment, I was feeling really down. She pulled up a chair, sat down, and listened to me for 30 to 45 minutes. I know she had so much other work to do, yet she found the time for me. She is a wonderful

medical assistant and was born with a heart to help people. I am truly thankful she was part of my journey.

Sandra Cato
Louisville, Georgia

For 25 years, I saw the same [physician] who helped me manage chronic pain. When he retired, I was at a loss. Because of the opioid epidemic, many [physicians] didn't want to take me on as a new patient. When I found my new [physician], I was nervous, but once I met the medical assistant, that feeling dissipated in a heartbeat. She didn't talk to me like I was a bunch of markings on a chart. She talked to me like a person she wanted to help. She has a unique perspective when caring for patients who are dealing with chronic pain because she suffers from it too, although you'd never know it unless you pressed her for information. She creates a unique bond with patients and has a knack for eliminating fear and suffering. I am grateful for all that she has done for me.

Joe Hankard
San Diego, California

While living in Tennessee, I was diagnosed with HIV. My [physicians] told me I was fine and didn't need any treatment. However, when I moved to Florida in 2015, I started losing weight and feeling extremely tired. A friend introduced me to a medical assistant who worked for the AIDS Healthcare Foundation, a nonprofit organization that provides HIV care and services to people in need. The medical assistant encouraged me to seek care from the foundation. I'm so glad I listened to him, because the care I received saved my life. The [physicians] prescribed me medication that I received once a month and now get every other month. Having the medical assistant check me in and out at every visit is comforting. He always has a friendly, welcoming demeanor and is so knowledgeable about what I'm going through. I tell other people living with HIV who are afraid to see a [physician] to go to the clinic because the medical assistant will ensure they feel listened to and understood. ♦

Daniel Green
Pensacola, Florida





Ther(happy) as a Clam

When it comes to physical health, most people won't hesitate to get help for a broken bone or an infection. Meanwhile, seeking help for emotional health may carry a stigma.

Hesitancy to seek emotional help, such as therapy, may also be due to uncertainty, cost, time constraints, and reluctance to discuss mental health problems, according to CNN Health. In fact, a recent survey by the Pew Research Center found that 31% of respondents would only be somewhat comfortable speaking to a therapist about their mental health, and 18% said they would be uncomfortable doing so.

Despite some peoples' hesitations, taking action through therapy can help you change behaviors, cope, heal, become more confident, and more, reports GoodRX Health. Consider some of the ways therapy can improve your happiness:

- **Offers a different perspective.** Therapy's impartiality can provide another opinion about your life from someone who is uninvolved. Often, friends and family validate feelings without pointing out flaws.
- **Is a safe space.** Therapy allows patients to talk about whatever they need to without judgment.
- **Helps you see the big picture.** Therapy helps people see that numerous factors in their lives influence their problems. It can also help people work through old problems and move forward.
- **Helps you navigate relationships.** Therapy can help you build skills to fight against things like social anxiety that hold you back from relationships.
- **Helps you control your story.** Therapy can help you make sense of your narrative and allow you to take control of your life with new tools.



Work-Life Balancing Act

Do you ever feel like work is taking over your life? Everyone knows they need work-life balance, but finding it may be more challenging than it sounds.

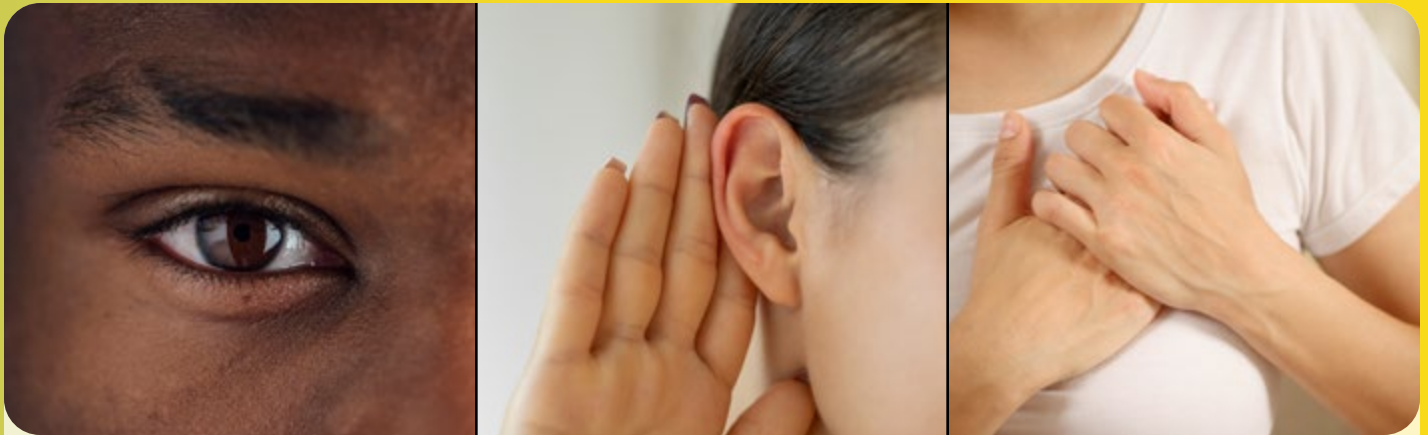
Work plays a huge role in our lives, taking up many waking hours throughout the week. That's why taking care of the areas of our lives that make us happy and healthy is crucial. While professional fulfillment can play a role, so can family, hobbies, health, and relationships.

What is work-life balance? Work-life balance is often defined as an equilibrium between personal and professional life. When everything is balanced, no element of your life overwhelms the other, and you give each part of your life the attention it needs. Many people see this as essential to their well-being and happiness.

Here are some ways you can cultivate work-life balance, according to Forbes and BetterUp:

- Set clear boundaries between work and personal time.
- Prioritize important tasks and activities.
- Take breaks and time off.
- End work at a certain time.
- Work on time management, organization, and delegation.
- Engage in activities you enjoy outside of work.
- Practice self-care and mindfulness.

Work-life balance looks different for everyone, but you must regularly assess your priorities and goals to ensure you find time for everything that makes you happy.



As Easy as 3-3-3

Many people deal with anxiety each day, whether due to personal factors, work stress, or societal problems. However, numerous strategies can help you cope with anxious thoughts, such as the 3-3-3 rule.

The 3-3-3 rule is a common and informal technique that can help you cope with anxiety by regaining control and calming your mind, reports Verywell Mind. It requires you to identify the following:

- Three things you can see
- Three things you can hear
- Three ways you can move your body

The act of identifying these things shifts your focus from your anxiety to your senses, grounding you in the present moment. The best thing about the 3-3-3 rule is its simplicity and accessibility; you can use it anytime and anywhere. You can even repeat the technique multiple times until you feel calm enough to continue your day.

While no formal research has been done on the effectiveness of the 3-3-3 rule, many people find it to be a helpful technique for managing anxiety, according to Healthline. It may not completely rid you of anxiety, but it can help you manage it in the moment.

Seek treatment accordingly for anxiety, no matter how helpful the 3-3-3 rule is or how frequently you use it. Ultimately, managing anxiety is a complicated and multifaceted effort on the part of the individual and their mental health team.

Going Caffeine Clean

Between 80% and 90% of United States adults and children have caffeine on a regular basis, according to a study published in the *European Review for Medical and Pharmacological Sciences*. And while it may offer some benefits, such as improving your reaction time, studies have suggested that cutting back on caffeine or cutting it out can be highly beneficial.

Explore some of the benefits you may enjoy if you give up caffeine, according to Everyday Health and SELF:

- **More Energy.** Caffeine makes you feel less tired temporarily but causes your energy to plummet later.
- **Deeper Sleep.** Caffeine can inhibit your sleep, which you may compensate for by drinking more coffee the next day, perpetuating a vicious cycle.
- **Less Anxiety.** The surge of cortisol in coffee is responsible for the feeling of energy but also spikes your stress response by stimulating the nervous system, especially for those with anxiety disorders.
- **Less Heartburn.** Caffeine is often a trigger of heartburn and acid reflux due to its acidity.
- **Fewer Headaches.** Caffeine can contribute to daily or chronic headaches and even trigger migraines for those prone to them.
- **Better Teeth.** Caffeine dries out your mouth because it's a diuretic, which is not good for oral health. Plus, coffee stains your teeth.

Quitting caffeine is a major challenge in a world where coffee is everywhere. However, you can still reap some benefits even by reducing your intake. Aim for 400 milligrams or less per day and dial back by opting for options with less caffeine, such as black or green tea.



Point of Contract

Use Business Associate Agreements to Protect Patient Information

By Pamela M. Schumacher, MS, CCMP

Providing health care in the United States relies on partnerships, contracts, and supply chains to meet operational needs. When a practice uses outside vendors to handle some of its operations, establishing comprehensive business associate agreements (BAAs) can help ensure the security and privacy of patient information.

Getting Down to Business

Every health care provider who electronically transmits health information in connection with certain transactions is considered a covered entity under the Health Insurance Portability and Accountability Act (HIPAA) of 1996 Privacy Rule. These transactions include claims, benefit eligibility inquiries, referral authorization requests, or other transactions for which the U.S. Department of Health and Human Services has established standards under HIPAA.¹

“Health care providers, health plans, and clearinghouses that engage in standard electronic transactions are considered covered entities under the HIPAA Privacy Rule,”

says Richelle Marting, JD, MHSA, RHIA, CPC, CEMC, CPMA, CPC-I, a health care reimbursement attorney in Olathe, Kansas. “However, not all health care providers are subject to HIPAA. Using electronic technology, such as email, does not mean a health care provider is a covered entity. The transmission must be in connection with a covered transaction, but if they bill electronic claims to health plans, they are probably a HIPAA-covered entity.”

When a covered entity—such as a medical practice—outsources functions, activities, or services to a third party that is not a member of their workforce and the outsourced function involves a disclosure of protected health information (PHI), the third party is known as a business associate. To note, PHI is “all ‘individually identifiable health information’ held or transmitted by a covered entity or its business associate in any form or media, whether electronic, paper, or oral.”¹ Covered entities enter BAAs to establish a legally binding relationship with business associates to ensure the protection of PHI.¹

In Good Company

“A [BAA] should always be based on the type of business, scope, purpose, data being shared, timeframe, and an agreement of return of data or destruction of information when it’s no longer required,” says Lisa J. McKeen, CMA (AAMA), who has been in the health information field since 2005 and is a privacy and security officer at General Dynamics Information Technology in New York. “The number of agreements varies and will depend on the practice.”

Marting adds that the number of BAAs needed depends on the practice, its structure and specialty, and vendor types. “Some practices outsource more services than others,” he explains. “Those that fulfill most of their work in-house may have substantially fewer [BAAs] than practices that outsource many services. Regardless, many software-as-a-service arrangements warrant [BAAs], and it’s not uncommon to have tens or hundreds of [BAAs], even in smaller practices.”

Common third parties with whom practices have BAAs include the following:

- Billing companies
- Medical record vendors

Work in Progress

Failing to have BAAs when required is one of the most common and riskiest mistakes a practice can make, says Richelle Marting, JD, MHSA, RHIA, CPC, CEMC, CPMA, CPC-I. Follow these steps to ensure your practice is covered:

- **Develop a contracting process.** Decide how to assess whether a BAA is needed—based on the specific scope of work requested—and who reviews those requests. Identify how individuals throughout the practice can request a BAA for new vendors (e.g., for a new shredding company or a new after-hours call service provider).
- **Do the hardest work once.** Develop a standard BAA template you are comfortable with, and always ask vendors to sign the standard document first.
- **Have a checklist of required provisions for your practice** and a list of important provisions such as limitation on liability, governing law, and timeframes for reporting breaches in case a vendor will not use a provider's agreement.
- **Save BAAs on file** along with their related fully executed agreements and maintain a list of those companies with which you have BAAs. The Office for Civil Rights typically begins audits with a request for such a list, so it saves time to always have one on hand.

- | | |
|----------------------------------|---|
| • Legal counsel | or required by the contract or as required by law. |
| • Cloud service providers | |
| • Consultants | • Require the business associate to use appropriate safeguards to prevent the use or disclosure of the PHI. |
| • Pharmacy benefit managers | ... |
| • Collection agencies | • Require the business associate to ensure that any subcontractors with access to PHI agree to the same restrictions and conditions that apply to the business associate. |
| • Peer review companies | • Authorize the termination of the contract by the covered entity if the business associate violates any term of the agreement (and vice versa). ² |
| • Risk management vendors | |
| • E-prescribing gateways | |
| • PHI data destruction services | |
| • Information technology support | |
| • Password management vendors | |
| • Medical answering services | |

Safe Keeping

“To understand what is required, start by going to HHS.gov. Using the search button, you can pull up the criteria for a BAA and an example,” says McKeen. “You can also check HealthIT.gov. These sites will give you the federal regulations. You don’t necessarily need a lawyer to draft these agreements.”

In addition to describing the permitted and required uses of PHI by the business associate, a BAA must do the following at a minimum:

- Stipulate that the business associate will not use or further disclose the PHI other than as permitted

Marting cautions practices against relying solely on boilerplate agreements. “[BAAs] need to be carefully reviewed, understood, and negotiated, because they can create liability for the practice if not handled appropriately. Some things to watch out for include any limitations on liability. Look for a heading titled, ‘Limitation on Liability.’ Business associates may try to include language stating they do not have any liability to the covered entity or their liability is limited to some amount, such as a month’s worth of services. These limits are often woefully inadequate to compensate the covered entity for the potential damages if the business associate causes a data breach.”

Another area she highlights to be aware

of is the timeframe in which the business associate must report potential breaches. “Covered entities have strict deadlines if an event becomes a breach and need sufficient time from when the business associate reports an event to investigate and make appropriate reports, if necessary. The covered entity’s deadline begins when its business associate knows of the event, not when they report it to the covered entity.

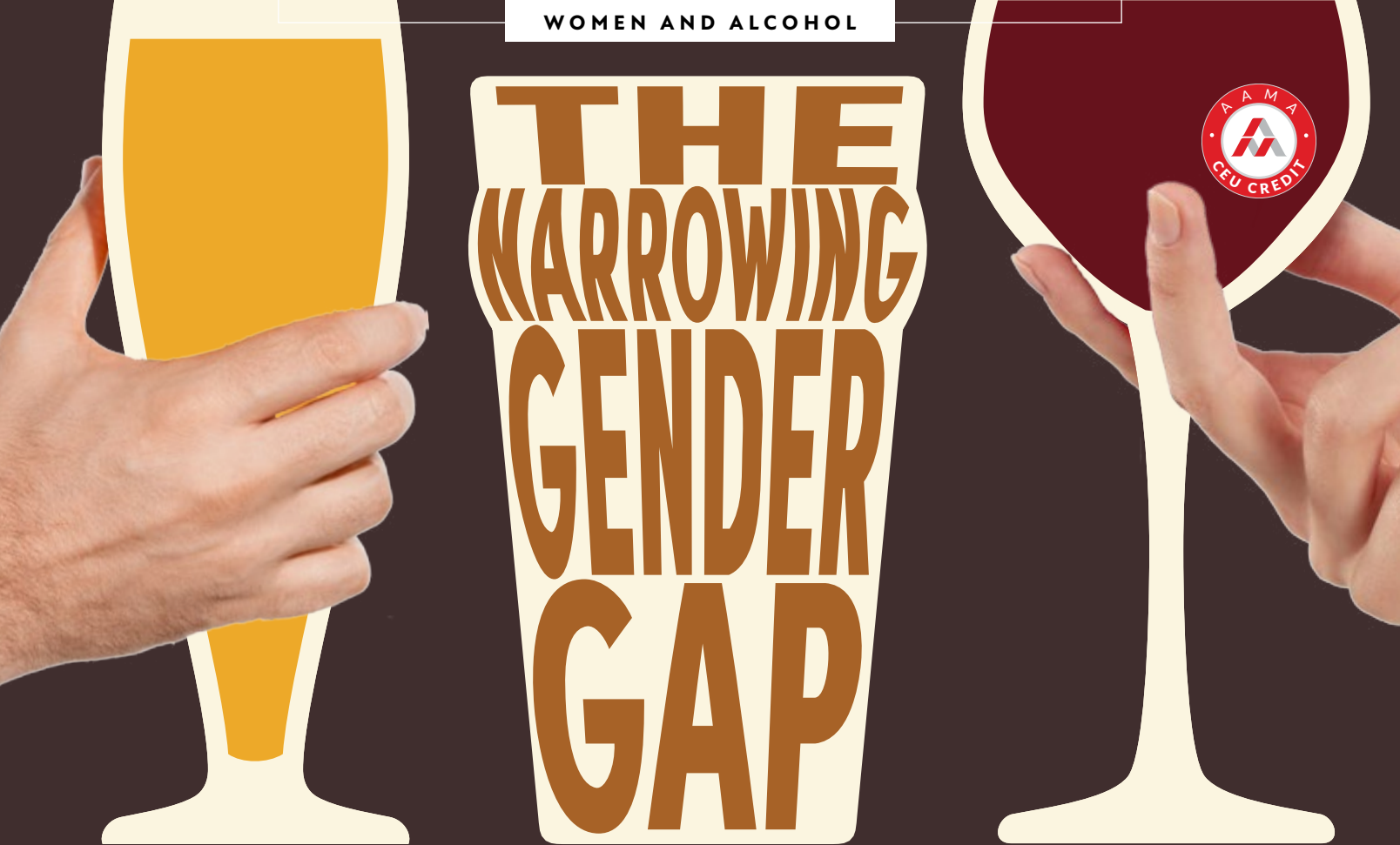
“Also, look at whether business associates reserve the right to sell the covered entity’s data. Selling PHI requires certain specific consent from patients. Business associates may attempt to avoid that disclosure and consent step by indicating they may de-identify data to make it no longer protected under HIPAA. Still, practices may have concerns with their business associates profiting from the practice’s data and may wish to address or prohibit any sale of the data, whether or not it is identifiable,” says Marting.

When it comes to PHI, McKeen recommends having a written policy prohibiting its sale: “That way, the third party or business associate must comply with your policy and procedures pertaining to PHI, and you’ll be better protected if there’s a breach.

“I always stress the importance of understanding the HIPAA privacy, confidentiality, and security requirements to medical office staff,” adds McKeen. “Medical assistants should know the terms of the [BAAs] and what is and is not allowed. Sometimes, staff will unintentionally overshare patient information; in other instances, they may accidentally obstruct care by not disclosing enough patient information.” ♦

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Prevalence, Trends, and Preventing Alcohol-Related Harms in Women

By Sandra Gonzalez, PhD, LCSW

Drinking is a well-established and pervasive characteristic of American life. People commonly usher in the new year with a glass of champagne. Alcohol is expected at most social events, including weddings, birthday parties, and sporting events. Many restaurants designate special times or days devoted to drinking, usually for a lower cost to attract a bigger crowd.

Such normalization of drinking can make it challenging to recognize when some-

one is drinking at excessive levels. And even though alcohol consumption has been associated more with men, societal norms and perceptions are evolving, shedding light on the complex relationship between women and drinking.

Cultural norms play a significant role in shaping women's attitudes toward alcohol. For example, wine is often part of everyday meals and social gatherings in Mediterranean countries like Italy and Spain, which gives such recurring drinking an aesthetic of worldliness and sophistication.

Meanwhile, the burgeoning use and far reach of the internet and social media has contributed to the ethos around drinking for women. *Mommy wine culture* is a phrase popularized in the mid-2010s and used to describe moms needing a regular drink to cope with the stresses of motherhood and childcare. The phrase was portrayed in online memes, clothing, and accessories. Unfortunately, what may have started as a light-hearted joke has shed light on worrisome trends in the consumption of alcohol by women.

In 2022, 66.4 million women (and girls) ages 12 years and older reported drinking in the last month, while 27.5 million women (and girls) 12 years and older reported binge drinking.¹ The increase in alcohol use and binge drinking by women has been well documented. From 2000 to 2016, the percentage of men who reported any drinking stayed mainly the same; however, for women, it increased by 6%, and binge drinking for

Definitions

Excessive drinking includes binge drinking and heavy drinking.

Binge drinking is the most common form of excessive drinking and is defined as consuming four or more drinks on a single occasion for women and five or more drinks on a single occasion for men.

Heavy drinking is consuming eight or more drinks in one week for women or 15 or more drinks per week for men. It also includes any alcohol use by pregnant people or those under the age of 21.¹³

Find Your Way with MAP

The Medical Assistant Partnership for Healthy Pregnancies and Families (MAP) serves medical assistants through a collaboration between the American Association of Medical Assistants and the Center for the Application of Substance Abuse Technologies, a part of the School of Public Health at the University of Nevada, Reno with funding by the Centers for Disease Control and Prevention.

For more information, visit <https://fasdmap.org/>.

women increased by 14%.²

Risks

Alcohol affects women differently from men, and women are at greater risk for developing alcohol-related problems than men. Among these factors is the average body size of men compared with women. Men generally weigh more and have less water in their bodies than women. As a result, the alcohol in a woman's body is less diluted, creating more significant exposure to the toxic effects of alcohol and its byproducts. In other words, in women, alcohol is absorbed faster and stays in the body longer.

People who drink are at a higher risk of developing cancers of the liver, mouth, throat, esophagus, and colon. An association also exists between alcohol use and breast cancer.^{3,4} Although prevalence rates show that women are less likely to drink than men, the gender gap is narrowing. In 2020, the percentage of men who reported drinking in the past month was 55% and 46% for women.²

Drinking is also associated with co-occurring mental health disorders such as generalized anxiety disorder, social anxiety disorder, panic disorder, mood disorders, posttraumatic stress disorder, sleep disorders, and psychotic disorders. Even in the absence of a formal psychiatric diagnosis, people often report difficulty with sleep and anxiety-like symptoms that may emerge even after a single heavy drinking episode. "Hangxiety" is a colloquial term used to

describe these symptoms.

Drinking to Cope

Research suggests that, compared with people who drink for pleasure, those who drink to cope have a higher risk of developing alcohol use disorder. Although the reasons why people drink vary, studies have found that women are more likely to drink to cope than men.⁵

Other factors may be associated with using alcohol as a coping mechanism. Women are statistically more likely to experience childhood abuse or sexual assault than men. And, in recent years, studies have found rates of depression, anxiety, eating disorders, and suicide are climbing among teenage and young adult women.⁵

During the COVID-19 pandemic, social isolation, employment insecurity, and overwhelming household and childcare demands amplified stress levels for women.⁶ Women were more likely than men to experience layoffs or leave their jobs to care for children when schools and childcare centers closed. They often took on more responsibilities, like running errands for immunocompromised relatives. In many cases, having that extra glass of wine or a couple more cocktails provided some relief when coping with the increased demands.⁷

Pregnancy and Alcohol

Alcohol is a potent teratogen, an agent that interferes with fetal development. Alcohol exposure at any point during pregnancy can impair development. Prenatal alcohol exposure is the leading cause of preventable birth defects and neurodevelopmental disabilities and can lead to fetal alcohol spectrum disorders (FASDs). FASDs, a spectrum of conditions caused by prenatal alcohol expo-

sure, is an umbrella term, not a diagnostic term. Alcohol exposure in utero can result in damage to the brain, central nervous system, organs, and limbs. It is the sole cause of FASDs. The impairments associated with FASDs are lifelong conditions. While there is no cure, FASD-informed interventions and support services can improve affected individuals' developmental, educational, and social outcomes. FASDs are preventable if a developing baby is not exposed to alcohol.⁸

All people of reproductive age are at risk of an alcohol-exposed pregnancy if they drink alcohol, are able to become pregnant, and are not using contraception correctly and consistently. About half of all pregnancies in the United States are unintended, and many pregnant people continue to drink during critical periods of early fetal development. Some people might assume that FASDs can occur only among children of certain types of people who drink. Yet alcohol use during pregnancy occurs in every social, economic, and demographic group, among social drinkers as well as those who binge. In a 2022 *Morbidity and Mortality Weekly Report*, Centers for Disease Control and Prevention researchers found that nearly 1 in 7 pregnant people reported current drinking and about 1 in 20 reported binge drinking during the past 30 days. Pregnant people who experienced frequent mental distress (14 or more days of poor mental health in the past 30 days) and those who did not have a regular health care provider

Tips for Reducing Alcohol Use

- Drink water
- Exercise
- Make a plan for cravings
- Measure your drinks
- Remove alcohol from your house
- Tell family members and friends you want to get healthy
- Track your intake
- Try a month of abstinence

There is no known safe amount, no safe time, and no safe type of alcohol during pregnancy or when trying to get pregnant.

were more likely to report alcohol use.⁹

Common reasons people might drink during pregnancy include the following:

- **Conflicting advice.** Even today, some people may incorrectly say it is okay to drink to relax or that a small amount of alcohol is not a problem.
- **Coping mechanism.** Research shows that women are more likely to drink in response to stress and negative emotions, whereas men are more likely to drink to enhance positive emotions or conform. Further, women who use substances experience higher rates of mood and anxiety disorders than men.
- **Substance use disorders (SUD), including alcohol use disorder.** Differences in how women and men perceive and present their problems to health care professionals can make it more challenging to identify women's SUDs. Men tend to identify substance use as a source of problems, while women will attribute issues to health and mental health concerns (e.g., anxiety or depression) rather than substance use.

Positive Trends

Despite existing concerns, several positive trends have emerged in recent years. For

Managing Stress

Suggest alternatives to drinking for managing stress¹⁴:

- Altruism
- Breath work
- Gratitude journal
- Meditation
- Mindfulness
- Music
- Physical activity
- Positive affirmations
- Sleep
- Support from others

example, mindful drinking encourages people to actively ask themselves questions about why they drink. People who are practicing mindful drinking aim to be more aware of how much alcohol they are drinking and its impact on their lives. A core tenet of this mindfulness practice is that the person should be non-judgmental when asking these questions.

Another recent trend has been abstaining from alcohol for some time, typically a month. Abstinence commonly occurs during January as people resume their routine lives following the holiday celebrations. Dry January allows people to evaluate the benefits of not drinking. The number of people participating in Dry January in the United States grew from 21% in 2019 to 35% in 2022.¹⁰ In many cases, it is considered a short-term test of willpower. However, according to a recent study, many experience lasting benefits, including drinking less than before and forming new, healthier habits. A related and popular term is *sober curious*. Coined by author Ruby Warrington, "[Being sober curious] means, literally, to choose to question, or get curious about, every impulse, invitation, and expectation to drink versus mindlessly going along with the dominant drinking culture."¹¹

The alcohol industry has also taken notice, capitalizing on the NoLo movement. The NoLo movement refers to the consumption of no- and low-alcohol drinks containing little to no alcohol content. This movement is attributed to younger generations, who appear to focus more on physical and mental health than older adults. A recent Gallup poll found a decrease in drinking among adults under the age of 35. They also found that among those who do drink, they drink less frequently and are less likely to drink to excess. Conversely, alcohol use among those 55 and older has increased.¹²

Another popular alternative to alcohol-containing drinks is mocktails. Mocktails are flavorful, non-alcoholic drinks that may include juices, herbs, and soda and are typically made in the same way as their alcoholic counterparts—blended, shaken, or stirred.

Despite concerns, several positive trends are apparent when it comes to women and reduced alcohol use. Additionally, the wide-

spread popularity of the self-care movement has made alternative coping strategies more readily available. ♦

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Lifelong Learning

CMA (AAMA) Relishes a Career that Keeps Teaching New Skills



By Cathy Cassata

Fayth McKinney, CMA (AAMA), was working as a caregiver in 2012 when her husband passed away. “At the time, my daughter was 3 years old. I wanted to find consistent employment,” she says.

With 20 years of experience working in the health care field as a licensed nursing assistant and emergency medical technician and in roles related to trauma care and developmental disabilities, she wanted to shift gears.

“I learned about the medical assisting program at my local college and realized that some of the duties of a medical assistant are the things that I love to do and am good at, like caring for members of my community,” says McKinney. “I entered school with so much excitement and enthusiasm.”

After graduating and passing the CMA

(AAMA) Certification Exam in 2014, she was offered a short-term position to fill in during someone’s maternity leave at her externship site, a busy family practice. Before her time was up, she landed a permanent full-time position in women’s care at a clinic affiliated with her local hospital.

“I remember thinking I had a pretty good handle [on] the issues surrounding women’s care and practices of my new specialty, but boy, was I wrong. I had a lot to learn about both gynecological and obstetrical needs,” says McKinney.

The clinic provides women with care including Papanicolaou tests (i.e., Pap smears), birth control, pregnancy, menopause, and cervical health procedures such as endometrial biopsies, colposcopies, and loop electrosurgical excision procedures. She is in the room when a male physician treats patients, sometimes assisting with procedures or documenting health information. She also stocks immunizations, gathers supplies for procedures, ensures patients sign consent forms, and manages the daily schedule.

McKinney believes the care they provide at the clinic helps improve women’s lives. “Handing out birth control is important

to me because it’s helpful to people and important to them,” she says.

The clinic also works with women who choose to have a midwife during their pregnancy. For these patients, McKinney assists with check-ins and ensures that patients have their laboratory tests processed and their glucose checked.

Getting to interact with obstetrics patients is her favorite part of the job. “I’ve been here over 10 years now, and so many of the patients have babies [at our practice]. It’s great when they come back and have that second or third baby,” says McKinney. “We’re a small town, and it’s a nice feeling to know patients. It can be [a] little sad when they are gone after their six-week follow-up.”

Despite working at the clinic for a decade, she continues to learn something new every day. “I think my longevity attests to how much I love my profession and my commitment to quality care that patients receive here,” says McKinney.

While she worked in the health care field in different ways throughout her life, she says life circumstances brought her to exactly the right place: “I feel as [if] I have found my niche in life and work and am where I am meant to be.” ♦

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