May/Jun 2022

Published by the American Association of Medical Assistants®

CMA™ Today

Under One's Skin

Unmask the Multilayered Effects of Chronic Skin Conditions

Awarding Experiences

Summer is just around the corner. Summer brings vacations, children out of school, Fourth of July celebrations, and longer evenings. It is a great time to make long-lasting memories.

For the American Association of Medical Assistants® (AAMA), summer is a busy time for staff as well as the Board of Trustees (BOT), Certifying Board, and Continuing Education Board, with all three boards conducting meetings during June and July. It is also a busy time for our state leaders and members, with deadlines for Excel Awards submissions, House of Delegates name submissions for delegates and alternate delegates, conference program advertisement orders, and AAMA Volunteer Leadership Applications.

The BOT and I want to encourage AAMA members to send in submissions for the Excel Awards, especially for the Awards of Distinction: the Medical Assistant of the Year, Leadership and Mentoring, and Golden Apple awards. I have been to several state society conferences and have met a lot of members who have served their state society and served on AAMA committees who would be great candidates for these awards. Please recognize these members by sending their information in to be considered for one of these awards. Find the information for each award on the AAMA website via the "Excel Awards" webpage. Please check out the AAMA website for information about the other Excel Awards for which state societies can apply. The awards ceremony is such a wonderful and fun time to celebrate our members.

Another notable Excel Award is the Medical Assistant Employer of the Year Award. If your employer is a great supporter of you and the other medical assistants in your practice, please submit their information for this award. We want to recognize those employers who go above and beyond for medical assistants. We will also recognize a medical assisting program student who submits the best essay. Educators, please encourage your students to submit an essay. Find information for the student essay prompt also on the "Excel Awards" webpage.

I want to encourage all our members to get involved and volunteer with the AAMA by serving on one of our national committees or task forces. Find the descriptions of the committees on the AAMA website. Please fill out the AAMA Volunteer Leadership Application and turn it in by the August 1 deadline if you would like to serve.

There are many ways to promote your chosen profession through local chapter, state society, and national organization activities. Let's get the word out about our profession, support each other and our organization, and get involved! The benefits you reap will be well worth it professionally and personally.

Patty Licurs, CMA (AAMA), CPC

Patty Licurs, CMA (AAMA), CPC
2021–2022 AAMA President

AAMA® Mission

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

CMA (AAMA)® Certification

The CMA (AAMA) is awarded to candidates who pass the CMA (AAMA) Certification Exam. The National Board of Medical Examiners constructs and administers the exam. The CMA (AAMA) credential must be recertified every 60 months by the continuing education or exam method.

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CMA Today

Unmask the Multilayered Effects of Chronic Skin Conditions

By Mark Harris

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AAMA update

Bright Futures Ahead!

Register Online for the 2022 Conference

Register online for the 66th AAMA Annual Conference via the AAMA website! Registrants may securely pay their registration fees online, select the continuing education sessions they wish to attend, and choose their ribbons. If you register online, you'll have a chance to win a $100 Amazon gift card! *(Monthly drawings will last until Sept. 1; the earlier you register online the more you increase your chances to win.)*

Access the conference registration page by clicking "Conference" from the "News & Events" tab's drop-down menu, and on the left-side menu, you will see an option to register for the conference. Sign in (or create a new account) to be redirected to the registration page. You also may register by mail or fax.

Conference registration deadline: Sept. 20, 2022

Conference dates: Oct. 21–24, 2022

Forms Due Soon

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

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

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

Delegate and Alternate Submission Form.

- *Members*—talk to your state president about serving as a delegate or alternate in the AAMA House of Delegates. If you are attending but not serving in the House, consider volunteering to serve on a House committee.
- *State presidents*—complete and submit this form to EMercado@aama-ntl.org by **July 24**. ✦

Enter the Excel Awards!

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

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

Test Administrator Change Coming Soon

psi Testing Excellence

CMA (AAMA)®

The Certifying Board of the AAMA is proud to announce its new relationship with PSI Services (PSI) for CMA (AAMA)® Certification Exam development and administration.

PSI will be replacing the services provided by the National Board of Medical Examiners (NBME) and Prometric. We thank them for the services they have provided through the years.

PSI's innovative approach will better position the CMA (AAMA) credential and the exam to adapt to the ever-evolving credentialing environment, enhance the focus on client services, and increase the number of test sites available to CMA (AAMA) candidates.

Exam candidates may begin scheduling with PSI starting **July 12, 2022**, and begin testing at PSI test centers **July 13, 2022**.

Testing will continue with NBME and Prometric through July 12, 2022.

More detailed information will be available on the AAMA website closer to the transition date.

AAMA Calendar

Events

AAMA annual conferences

66th—Myrtle Beach, SC. . . . . Oct. 21–24, 2022
67th—Lake Buena Vista, FL . . . . . Sept. 22–25, 2023

Medical Assistants Recognition (MAR)

MARWeek . . . . . Oct. 17–21, 2022
MARDay . . . . . Oct. 19, 2022

Board Meetings

Board of Trustees . . . . . June 17–18, 2022
Continuing Education Board . . . . . July 8–9, 2022
Certifying Board. . . . . July 15–16, 2022

2022 Deadlines

Life Membership nominations . . . . . June 1
State officer election notification submissions . . . . . June 1
Excel Awards submissions. . . . . July 1
State delegate and alternates submissions . . . . . July 24
Conference program advertising . . . . . Aug. 1
National volunteer leadership applications. . . . . Aug. 1

Visit the "Guidelines and Forms" (which is available via the "Volunteers" tab) to access the information hub for deadlines and forms. ✦

On the Web

Recertify Online

Under Continuing Education/Apply to Recertify by CE

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

Excel Awards Submission Info

Instructions and forms: Find details on the "Excel Awards" webpage (click the "News & Events" tab, then "Conference" from the drop-down menu, then "Excel Awards" from the left-side menu).

Deadline: All submissions must be emailed on or have a postmark deadline of **July 1, 2022**.

Recognition: State Society Excellence Award winners will be formally saluted at the Welcome and Awards Celebration on Friday, Oct. 21, 2022, held during the 2022 AAMA Annual Conference. Winners of the Awards of Distinction, Student Essay Competition, and Medical Assistant Employer of the Year Award will be announced and honored at the Presidents Banquet on Sunday, Oct. 23. ✦

Claim Your Space in the Sun

Reserve your spot in the AAMA room block at the host hotel by **Sept. 29, 2022**, to take advantage of the conference registration discount. You must provide a reservation confirmation number from the Marriott Myrtle Beach Resort & Spa at Grande Dunes to get the conference registration discount.

Hotel registration deadline: Sept. 29, 2022

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

Delegation to Medical Assistants under Florida Law

The Florida Medical Practice Act defines a *medical assistant* as "a professional multiskilled person dedicated to assisting in all aspects of medical practice under the direct supervision and responsibility of a physician."[1] Because of this definition, some medical practice consultants have taken the position that medical assistants are only permitted to work under physicians. This argument is flawed, however, because of the language in the regulations of the Florida Board of Nursing. The purpose of this article is to demonstrate that Florida law permits medical assistants to work under advanced registered nurse practitioners as well as physicians.

Nursing Law Definitions

The Florida Nurse Practice Act contains the following definitions:

> (3) "Advanced practice registered nurse" means any person licensed in this state to practice professional nursing and who is licensed in an advanced nursing practice, including certified nurse midwives, certified nurse practitioners, certified registered nurse anesthetists, clinical nurse specialists, and psychiatric nurses.
>
> …
>
> (21) "Registered nurse" means any person licensed in this state … to practice professional nursing.[2]

The regulations of the Florida Board of Nursing define *unlicensed assistive personnel* (UAP) as follows:

> (1) "Unlicensed assistive personnel" (UAP) are persons who do not hold licensure from the Division of Health Quality Assurance of the Department of Health but who have been assigned to function in an assistive role to registered nurses or licensed practical nurses in the provision of patient care services through regular assignments or delegated tasks or activities and under the supervision of a nurse.[3]

Because medical assistants do not hold licensure from the Division of Health Quality Assurance of the Department of Health,[3] my legal opinion is that medical assistants are classified as UAP under the Florida Board of Nursing regulations and therefore may "function in an assistive role to registered nurses or licensed practical nurses in the provision of patient care services through regular assignments or delegated tasks or activities and under the supervision of a nurse."[3]

Operative Legal Principle

A category of health professionals defined in one statute may fall within a different definition in another statute. Thus, the fact that medical assistants are defined in the Florida Medical Practice Act does not preclude them from being classified as UAP in the regulations of the Florida Board of Nursing.

UAP Scope of Service under the Regulations of the Florida Board of Nursing

Regulations of the Florida Board of Nursing set forth principles for determining tasks that are and are not delegable to UAP:

> **[64B9-14.001—Definitions]**
>
> (6) "Delegation" is the transference to a competent individual the authority to perform a selected task or activity in a selected situation by a nurse qualified by licensure and experience to perform the task or activity.
>
> (7) "Delegator" is the registered nurse or licensed practical nurse delegating authority to the UAP.
>
> (8) "Delegate" is the UAP receiving the authority from the delegator.[3]
>
> …
>
> **[64B9-14.002—Delegation of Tasks or Activities]**
>
> In the delegation process, the delegator must use nursing judgment to consider the suitability of the task or activity to be delegated.

(1) Factors to weigh in selecting the task or activity include:

(a) Potential for patient harm.

(b) Complexity of the task.

(c) Predictability or unpredictability of outcome including the reasonable potential for a rapid change in the medical status of the patient.

(d) Level of interaction required or communication available with the patient.

(e) Resources both in equipment and personnel available in the patient setting.

(2) Factors to weigh in selecting and delegating to a specific delegate include:

(a) Normal assignments of the UAP.

(b) Validation or verification of the education and training of the delegate.

(3) The delegation process shall include communication to the UAP which identifies the task or activity, the expected or desired outcome, the limits of authority, the time frame for the delegation, the nature of the supervision required, verification of delegate's understanding of assignment, verification of monitoring and supervision.

…

[64B9-14.003—Delegation of Tasks Prohibited]

The registered nurse or licensed practical nurse, under direction of the appropriate licensed professional as defined in Section 464.003(3)(b), F.S., shall not delegate:

(1) Those activities not within the delegating or supervising nurse's scope of practice.

(2) Nursing activities that include the use of the nursing process and require the special knowledge, nursing judgment or skills of a registered or practical nurse, including:

(a) The initial nursing assessment or any subsequent assessments;

(b) The determination of the nursing diagnosis or interpretations of nursing assessments;

(c) Establishment of the nursing care goals and development of the plan of care; and

(d) Evaluation of progress in relationship to the plan of care.

(3) Those activities for which the UAP has not demonstrated competence.[4]

Medical Assistants' Scope of Service under Florida Law

On first analysis, medical assistants' scope of service under Florida law may seem complicated. However, the key to understanding the scope of service for medical assistants is to first determine which licensed providers are delegating to medical assistants the various tasks and duties. Medical assistants working under the authority and supervision of physicians must comply with the scope of service provisions in the Medical Practice Act. Medical assistants working under the authority and supervision of an advanced registered nurse practitioner must comply with the scope of service provisions in the regulations of the Florida Board of Nursing. ✦

Direct Supervision Definition

Direct supervision is defined in the regulations of the Florida Board of Medicine as requiring "the physical presence of the supervising licensee on the premises so that the supervising licensee is reasonably available as needed."[5]

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

References

1. Fla Stat ch 458, §458.3485(1) (2021).
2. Fla Stat ch 464 §464.003 (2021).
3. Fla Admin Code R §64B9-14.001(1).
4. Fla Admin Code R §§64B9-14.001(5) (2020) to 64B9-14.003 (1996).
5. Fla Admin Code R §64B8-2.001(1)(a) (2018).

P Is for Pediatrics

Spell Out Best Practices for Young Patients

By John McCormack

Like many pediatricians, Jennifer Kaplan, MD, has a lot on her plate. Fortunately, Dr. Kaplan knows where to find help. "In our busy pediatric practice, we depend on our medical assistants to assist with many tasks," says Dr. Kaplan, a physician leader and pediatrician at Children's National Pediatricians & Associates in Foggy Bottom and Capitol Hill, Washington, D.C.

Medical assistants can be the right fit for pediatric practices that must care for patients while coping with contemporary challenges such as the increase in chronic conditions among children, COVID-19, and mental health issues. Several studies, in fact, have linked expanded medical assistant roles to positive patient outcomes.[1] Unsurprisingly, the employment of medical assistants is projected to grow 18% from 2020 to 2030, much faster than the average for all occupations.[2]

Simply hiring medical assistants, however, is not enough. The challenge for pediatric leaders and medical assistants is twofold: they need to understand exactly what medical assistants can bring to the table and then embrace best practices that support optimal clinical care for younger populations.

Unfortunately, medical assistants are often underused by health providers. When employed appropriately, though, medical assistants can be "critical members of the health care team and key contributors to better patient care."[1]

"We have had the most success when the medical assistants are part of the whole team, and the providers work collaboratively with the medical assistants and vice versa," says Dr. Kaplan.

Natural-Born Caregivers

In pediatric primary care settings, medical assistants can help with a variety of clinical services such as comprehensive newborn examinations, well-child visits, breastfeeding instruction, and care of premature infants after discharge.

At Children's National Pediatricians & Associates, medical assistants help providers by taking on tasks related to newborn and well-child exams:

- Checking patients in and directing them to examination rooms
- Obtaining vital signs
- Administering vaccines
- Letting families know what will happen during the visit
- Providing age-appropriate well-child handouts with relevant vitals noted for the family
- Gathering consults and hospital paperwork
- Reinforcing the follow-up plan

Additionally, medical assistants support providers by offering breastfeeding instruction and educational materials to caregivers. And, they assist with the care of premature infants by serving as a support person for the family, helping schedule specialist appointments, and obtaining relevant consult reports for providers.

Gold-Star Work

Having the opportunity to take an active role in clinical activities is professionally rewarding for medical assistants, according to Jamie Hackley, CMA (AAMA), CPT , who works as a medical assistant at Yale New Haven Hospital Saint Raphael Campus's Project MotherCare in Connecticut. During newborn comprehensive examinations, Hackley is responsible for vital signs, new-

born screening, transcutaneous bilirubin monitoring, heel-stick levels, weight checks, and depression screenings for mothers, while also ensuring patients and parents have the support and resources they need.

She also is a key player during well-child visits. "I [screen] patients, obtain vital signs, perform phlebotomy, and handle all point-of-care testing—most commonly urine dipsticks, lead tests for children [ages] five [years] and under, and finger-stick hemoglobin [tests] for every school physical," says Hackley. Additionally, when caring for teens she "screens for depression and offers teens the option to have a staff member chaperone their examination instead of a parent to protect their privacy [and to] ensure they obtain sexually transmitted infection or pregnancy testing as needed without fear of repercussions," explains Hackley.

In a former position, Hackley, along with peers who had lactation certificates, actively participated in breastfeeding instruction. "We always checked on how feeding was going. We provided instruction to first-time parents on everything from swaddling to how to take a rectal temperature," recalls Hackley.

While medical assistants can be involved in a variety of primary care activities, they also can play an integral role in specialty care, according to Jennifer Ruiz, RN, a nurse manager at Rady Children's Hospital-San Diego in California.

"Our medical assistants aid all of our specialists, such as our ear, nose, and throat [physicians] and dermatologists. The medical assistant is usually the one that's right next to the provider assisting with the procedure," says Ruiz. "They also make sure that all supplies are in stock and that they are prepped prior to the procedure so that the provider has everything needed."

Child's Play

Ensuring that medical assistants take on the right clinical duties is just one step for health care organizations looking to leverage the services of these professionals in pediatrics. To optimally care for children, medical assistants also need to embrace best practices:

Meet patients where they are. Talking with children face to face is of utmost importance. Medical assistants need to "explain terms to kids on their level," says Ruiz. "Saying something like, 'we're going to give your arm a hug, and it may feel like a big, hard squeeze' is more effective than saying you are about to use a blood pressure cuff. Using terms geared toward a child can make the experience less frightening." Connecting with patients via their interests also can help establish rapport. "Look for themed clothing or toys they're hanging on to … and ask things like 'Who's that?' or 'What kind of dinosaur is that? Do you like dinosaurs?' " advises Hackley.

Understand kids will be kids. "Although you may be performing the exact same procedure as in adult primary care, … children are not tiny adults, and their reaction makes it a completely different experience," says Dr. Kaplan. "You can have a lifetime of experience working with adult patients and still have a massive learning curve if transitioning to a pediatric practice."

Expect the unexpected. "Pediatric patients don't always understand what you're doing and why, and you need to be prepared for everything from combativeness to patients attempting to flat out flee the examination room to parents who are nervous and unable to assist," cautions Hackley.

Find diversions. Medical assistants need to become "absolute masters of distraction," says Hackley. "Incentive rewards—stickers, small toys, etc.—can work wonders. Also, try to make the room relaxing with eye-catching features. Things like character-themed wall calendars are a huge hit in [the office where I work]."

Communicate with caregivers. "Establish the relationship with parents early to let them know you're always available for any advice or assistance, and they can call at any time," says Donita Bell, CMA (AAMA), a medical assistant at Franciscan Physician Network Eastside Family Medicine in Crawfordsville, Indiana. "At times, new parents feel like they're a burden or a waste of time when they're not. I always try to keep that open line of communication."

No Kidding Around

While medical assistants can act as key members of clinical care teams, they need to stay within their scope of service when working in pediatric organizations. To properly leverage the services of medical assistants, practices should take precautions[3]:

- Check individual state laws, regulations, and guidance on the scope of service and tasks that can be delegated appropriately to medical assistants.
- Do not put medical assistants in a position in which they would need to make independent medical decisions or practice direct clinical care.
- Verify that liability actions brought against medical assistants and their medical supervisors are covered by malpractice insurance for hospitals, clinics, and individual physicians.
- Check whether the educational programs medical assistants graduated from are accredited by the Commission on Accreditation of Allied Health Education Programs or the Accrediting Bureau of Health Education Schools.

Follow a successful plan. By taking on clinical duties and embracing best practices, medical assistants can truly help providers deliver the best clinical care in pediatric settings.

"Honestly, medical assistants run our clinics," concludes Ruiz. "They are the heartbeat of the clinic. So, they're vital during clinical visits." ✦

References

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2. Medical assistants. US Bureau of Labor Statistics. Updated September 13, 2021. Accessed April 14, 2022. https://www.bls.gov/ooh/healthcare/medical-assistants.htm
3. Scibilia J. Medical assistants are valued team members; ensure they stay within scope of practice. AAP News. November 1, 2021. Accessed April 14, 2022. https://publications.aap.org/aapnews/news/17438/

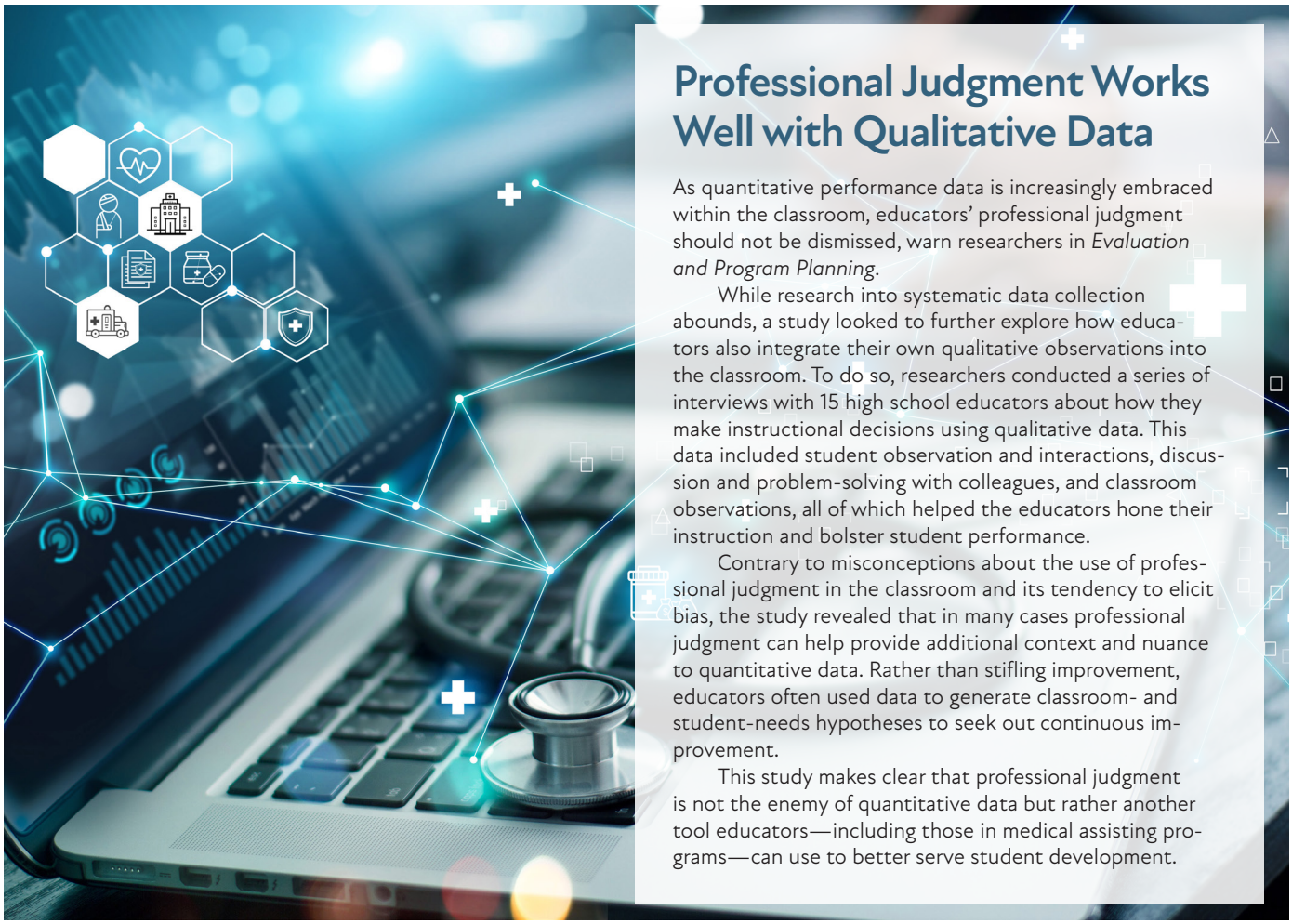
Vaccine Hesitancy among Parents

Middle- and high-income countries are seeing a worrying increase in vaccine hesitancy. A literature review in the *International Journal of Nursing Studies Advances* looked at 31 articles that explored the many influences on vaccine decision-making for pregnant individuals and parents of preschool children.

Researchers note that health care professionals play an important role in providing information and encouraging vaccination and that parents often readily seek out information on childhood vaccinations during pregnancy.

Although many parents and pregnant individuals looked to health care professionals for timely guidance, these interactions were challenging at times. Some parents felt they were not getting the information they sought, while others felt their concerns were being dismissed. This contributed to a general lack of trust in health care professionals for some parents. Meanwhile, alternative influences such as friends and family, conspiracy theories, and social media often took the place of health care professionals' guidance and led to increased vaccine refusal.

No surefire solution exists for addressing vaccine hesitancy, but this review highlights the importance of informed and compassionate health care professionals taking the time to address the concerns of prospective parents and parents of young children. ✦



Professional Judgment Works Well with Qualitative Data

As quantitative performance data is increasingly embraced within the classroom, educators' professional judgment should not be dismissed, warn researchers in *Evaluation and Program Planning*.

While research into systematic data collection abounds, a study looked to further explore how educators also integrate their own qualitative observations into the classroom. To do so, researchers conducted a series of interviews with 15 high school educators about how they make instructional decisions using qualitative data. This data included student observation and interactions, discussion and problem-solving with colleagues, and classroom observations, all of which helped the educators hone their instruction and bolster student performance.

Contrary to misconceptions about the use of professional judgment in the classroom and its tendency to elicit bias, the study revealed that in many cases professional judgment can help provide additional context and nuance to quantitative data. Rather than stifling improvement, educators often used data to generate classroom- and student-needs hypotheses to seek out continuous improvement.

This study makes clear that professional judgment is not the enemy of quantitative data but rather another tool educators—including those in medical assisting programs—can use to better serve student development.

Rallying Resilience to Boost Mental Health

Since the COVID-19 pandemic began, the mental health of health care workers remains a priority. Resilience training (RT) may provide some relief, reports the *Journal of Psychiatric Research*.

To test this theory, researchers offered a course titled RT for Healthcare Workers. The course used three videos—between 12 and 19 minutes long—to provide training in emotional resilience through the increased development of mindfulness, mentalization, and self-compassion. The videos used a combination of didactic information, exercises, and testimonials to help explain and build these skills.

The results were encouraging; the 38 health care workers who completed the course improved in self-reported resilience compared to the 110 people who did not. Similarly, those who completed RT reported lower levels of anxiety and depression, two markers of emotional distress.

While the findings of the study must be taken with a grain of salt due to the small sample size, researchers encourage further exploration into resilience-building interventions as one way to support health care workers in these taxing times. ✦

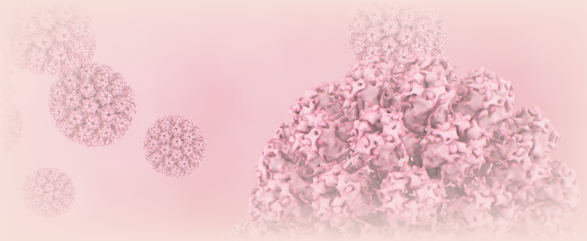
Texting Tactics Improve Health Interventions

Can texting help patients meet their treatment goals? *Clinical eHealth* looked at text messaging interventions and found several potential benefits.

The review included eight studies that examined text messaging interventions for HIV, diabetes, and chronic obstructive pulmonary disease. The interventions provided education and instruction to help participants manage their chronic illnesses. Auspicious results include reports of better glucose levels, lower viral load, and improved quality of life. Furthermore, most participants appreciated receiving, reading, and sending the messages. One study noted an impressive 82% of participants found text messages helped with their treatment adherence, while 91% wished to continue the intervention.

Researchers stressed that the low cost, accessibility, and patient adherence to text messaging interventions make it a viable tool in the treatment arsenal. ✦

Updates to STI Guidance



The Centers for Disease Control and Prevention released an updated document on sexually transmitted infections (STIs): *Sexually Transmitted Infections Treatment Guidelines, 2021*. In this document, readers will find the latest in evidence-based clinical guidance for combatting and treating STIs.

This extensive update covers topics including, but not limited to, the following:

- Risk factors
- Screening recommendations
- Updated treatment guidance

These updated guidelines can help health care professionals across the nation provide better patient care backed by the latest evidence-based research.


AAMA
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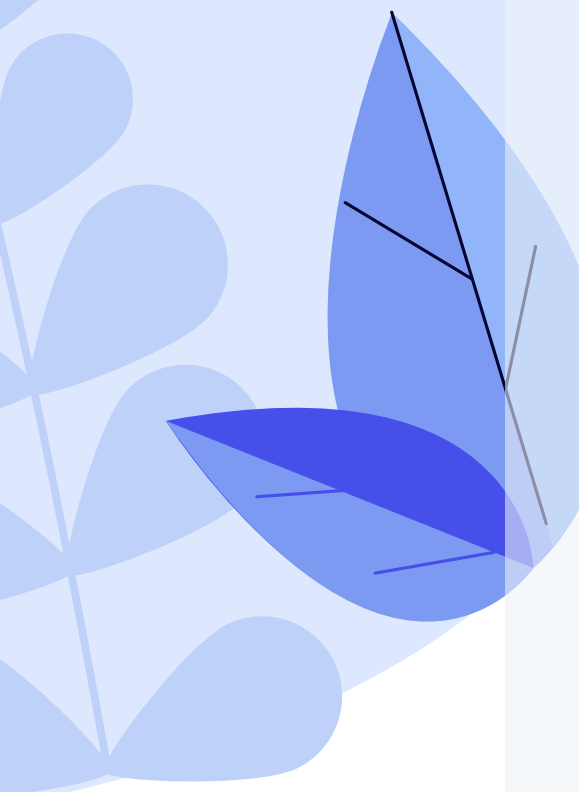
Under One's Skin

Unmask the Multilayered Effects of Chronic Skin Conditions

By Mark Harris



The skin is the body's largest organ, playing a vital, multifaceted role in keeping a person healthy. Our skin not only protects us from nature's elements, such as temperature, sunlight, and chemicals, but also works to prevent infection, produce the vitamin D necessary to maintain bone health, hold fluids in the body to prevent dehydration, and stabilize body temperature. The skin also supports brain and nervous system functions.

Furthermore, the skin makes it possible for a person to feel sensations such as pain or hot and cold, as well as to interact and move freely in the environment.[1]

As a large, outermost organ, the skin is also vulnerable to various disorders and diseases. These can range from chronic skin conditions such as psoriasis, atopic dermatitis (eczema), acne, and rosacea to less frequently diagnosed diseases such as vitiligo, Raynaud phenomenon, and alopecia areata. The skin can also be affected by types of cancer, including basal cell carcinoma, squamous cell carcinoma, and melanoma.[2]

On Red Alert

Chronic skin conditions can develop for many reasons. Environmental allergens, bacteria in pores or hair follicles, viruses, fungal infections, parasites, or medications can all trigger various skin symptoms (e.g., rashes). Skin disorders can also develop due to the presence of underlying health conditions, such as those that involve the thyroid, kidneys, or immune system. When a person's kidneys cannot remove waste from the body, for example, like in end-stage kidney disease, a skin rash distinguished by small, itchy bumps or rough, raised patches can develop.[3] A person with a thyroid disorder might develop hard, lumpy areas of discolored skin.[4]

Most Common Types of Skin Conditions

Some of the most common skin conditions can cause minor or severe symptoms[2]:

- **Acne:** oil, bacteria, and dead skin buildup in pores caused by blocked skin follicles
- **Alopecia areata:** small patches of hair loss
- **Atopic dermatitis (eczema):** swelling, cracking, or scaliness brought on by dry, itchy skin
- **Psoriasis:** hot or swollen scaly skin
- **Raynaud phenomenon:** numbness or skin color change caused by periodic reduced blood flow to fingers, toes, or other body parts
- **Rosacea:** flushed, thick skin and pimples, typically on the face
- **Skin cancer:** uncontrolled abnormal skin cell growth
- **Vitiligo:** lost pigment in patches of skin

Genetic factors can also contribute to chronic skin disorders. These include relatively rare inherited conditions such as neurofibromatosis and basal cell nevus syndrome (Gorlin syndrome). Neurofibromatosis is associated with the appearance of numerous benign tumors that grow on nerves in the body. Basal cell nevus syndrome affects many organs and tissues in the body and is linked to a greater risk for basal cell skin cancer and other cancers.[5]

Of course, a person's daily habits or overall lifestyle can also contribute to chronic skin conditions. Cigarette smoking poses heightened cancer and heart disease risks, for example, but smoking is also associated with increased risks for premature skin aging, delayed wound healing, and inflammatory skin conditions such as psoriasis. Other aspects of a person's habits or lifestyle, such as a low dietary fiber intake, a lack of protection from ultraviolet light exposure, and poor sleep habits, can also contribute to increased risks for chronic skin conditions. Obesity can also be a predisposing factor in some skin conditions.[6]

Breaking Out Bad

Two of the more common chronic skin conditions are acne and rosacea. While both conditions can cause redness and breakouts on the face, they are two distinct skin disorders.

Acne is the most common skin condition in the United States, affecting as many as 50 million Americans every year.[7] Acne primarily affects adolescents and young adults, whereas rosacea more often starts to develop after about age 30. While moderate to severe acne may require the use of prescription medications (e.g., oral and topical) and other professional treatment, many effective at-home or over-the-counter treatment solutions can help clear acne. This is less true for rosacea.

As with many chronic skin conditions, acne manifests in different forms, distinguishable by the appearance of blackheads, whiteheads, pimples, or deep, painful cysts and nodules.[8] The redness associated with acne is characteristically limited to areas near the breakouts. There is also often evidence of oily skin in acne, especially on the forehead, nose, and chin.[8] Unfortunately, while an acne breakout may take several weeks or longer to clear, more longstanding cases can leave some people with blemishes or scars even after the acne has cleared.

Rosacea, in comparison, may affect as many as 16 million Americans, according to the National Rosacea Society.[9] Globally, rosacea occurs in an estimated 5.5% of the population.[10]

In terms of diagnosis and treatment, differentiating rosacea's clinical presentation from acne is important, say experts. "Rosacea is a chronic, recurrent condition of the central face that most often starts between the age of 30 and 60 years," says Peter A. Lio, MD, clinical assistant professor of dermatology and pediatrics at Northwestern University's Feinberg School of Medicine in Chicago. "There are also four major subtypes of rosacea. The first is erythematotelangiectatic rosacea, which is characterized by flushing and facial redness, often with telangiectasias. The second subtype, papulopustular rosacea, is characterized by facial redness with papules and/or pustules. This type does resemble acne, and perhaps that is why rosacea was once known as *acne rosacea*, but it really is a different condition. [Acne's] ... key feature is the clogging of the pores called *comedones*. In rosacea, there are no comedones present. The third subtype of rosacea is called *phymatous rosacea* and results in the enlargement of parts of the face, most commonly the nose. Finally, the fourth subtype is ocular rosacea, which can cause a bloodshot appearance and a predilection to styes, among other things."

Notably, telangiectasias are dilated or broken blood vessels located near the surface of the skin and are popularly described as *spider veins*.[11] Papules are small solid or swollen raised bumps on the skin, marked by defined edges and a red, purple, brown, or pink color. Pustules are pus-filled blemishes often described as *whiteheads*.[12] Dr. Lio says he most commonly sees the first two rosacea subtypes and often a mixture of both types among his patients.

As a recurrent condition, rosacea symptoms can come and go, with flare-ups followed by periods of remission. While a rosacea flare-up is often an obvious diagnosis at a dermatology appointment, the treatment approach can include a continuum of options.

"Certainly, there will be considerable variety in terms of how different dermatologists diagnose and treat rosacea," notes Yolanda R. Helfrich, MD, an associate professor at the University of Michigan department of dermatology in Ann Arbor. "Rosacea is primarily a clinical diagnosis, meaning that we can typically diagnose it by looking at the skin, without a need for any laboratory

Skin Care Habits That Help Clear Acne

Improving one's skin care routine can yield better results than using medication or topical treatments alone. Share (and use) these helpful habits with patients[14]:

1. Washing twice a day and after sweating
2. Using fingertips to apply a gentle, nonabrasive cleanser
3. Being gentle instead of scrubbing, which can make acne worse
4. Rinsing with lukewarm water
5. Shampooing regularly
6. Letting skin heal naturally
7. Keeping hands off the face
8. Staying out of the sun and tanning beds

tests or biopsies. Rarely, a dermatologist might want to perform a biopsy to confirm the diagnosis; this would typically only be in a situation in which the presentation was somewhat unclear."

In turn, a variety of factors can influence the treatment strategy. "In terms of treatment, we choose different treatment choices based on the severity of the patient's disease, as well as patient desires and comfort with treatments," says Dr. Helfrich. "For a patient with a severe papulopustular flare, we might start with oral treatments plus topical therapies. For more mild presentations, we might use only a single topical medication. Some patients are very bothered by their condition, and in that situation, we might be more likely to treat aggressively than we would in a patient with a milder presentation."

Put Out Flare-Ups

What does dermatology research tell us about the nature of rosacea and its causes? "The pathways that lead to the development of rosacea are not completely understood," notes Dr. Helfrich, a member of the medical advisory board of the National Rosacea Society. "Contributing factors can include abnormalities in the immune response and possible inflammatory reactions to skin organisms such as the Demodex mite, vascular hyperreactivity, sun exposure, and genetic factors."

While a definitive cure for rosacea may remain elusive, the National Rosacea Society Expert Committee notes that growing scientific knowledge about the condition's pathophysiology and comorbidities is making it possible for dermatologists to provide more effective treatment for what

Natalie Flores, Patient Advocate for the National Rosacea Society

is often a complicated disease process.[10]

"A part of the complexity of rosacea is that it is not just limited to the skin: diet, stress, heat, and even things like SIBO [small intestinal bacterial overgrowth] have all been shown to greatly affect rosacea," remarks Dr. Lio. "One study[13] even demonstrated [significant reduction of rosacea symptoms] in those treated for SIBO. That said, we still have much to learn about rosacea, but there is great reason for hope for those who are [affected by] it. From new topical medications and oral preparations to even light and laser therapies, we have more tools in the toolbox than ever before. Rosacea is generally chronic, and we, unfortunately, do not have a reliable cure. However, we do have a number of excellent treatments. I have a large number of patients who have gone into a remission of sorts over time—perhaps they are not totally cured, but their skin is clear or almost clear on minimal treatments."

For Dr. Lio, a condition such as rosacea may be particularly amenable to an integrated care approach, combining gentler or natural treatment approaches (many of which patients can do at home) with the use of appropriate prescription medications and other standard dermatology interventions.

"I often say that good clinicians naturally gravitate to more holistic approaches because they work," emphasizes Dr. Lio. "For rosacea, while I almost always use conventional treatments like topical metronidazole or ivermectin, I also try to examine alcohol consumption, which can clearly [have an effect on] rosacea. I like to discuss lifestyle choices like protecting the skin from the sun or even changing exercise regimens for people who are doing very strenuous activities that cause lots of facial flushing. I have seen a number of new-onset rosacea patients present after taking up Bikram or hot yoga, for example. While I think it is a wonderful practice, for some people, it is just too hard on the skin. Finally, for those who may have a gastroenterological component with things like *H. pylori* infection or SIBO, I like to involve gastroenterology to help guide us. This combination and, perhaps even more importantly, simply being willing and open to these possibilities make a big impact for many patients. It is sometimes the smallest gesture that makes the largest difference."

Surface Pressure

Despite advances in medical treatment for rosacea, the condition remains undertreated. A few reasons may be behind this, from a lack of public awareness of rosacea as a distinct skin disease to a need for better early diagnosis and treatment by primary care providers, suggests Dr. Helfrich.

"Some patients may think that the changes associated with rosacea are part of normal aging and consequently may not seek out care," observes Dr. Helfrich. "It can also be misdiagnosed as acne; in which case, the treatment may not be effective or may even lead to increased irritation and a worsening of rosacea. Because rosacea is a fairly common skin complaint, it would be ideal if primary care providers were able to diagnose rosacea and initiate first-

line therapies, especially because access to dermatologist care is often limited. Dermatologists should work to provide better education for our primary care colleagues about the presentation and treatment of rosacea."

One person who has experienced the challenges of rosacea, and who struggled to get a proper diagnosis, is Natalie Flores, a patient advocate for the National Rosacea Society from North Carolina. Several years ago, Flores, who is now in her early 40s, began to experience rosacea symptoms that a dermatologist described as the worst case he had ever seen.

"I've always had somewhat of a red complexion, being fair-skinned and from a predominately Irish and Swedish background," explains Flores. "In 2017, however, my face just flared up and got redder and redder. I tried as much as I could to cover it up with makeup, but it was a terrible situation. My face was burning and itching. I had open sores. It was so bad I was embarrassed to leave the house."

Flores says it was a long journey to get the correct diagnosis. "I spent some years with this redness, and nobody could tell me what it was," she recalls. "I first visited my primary care physician, who said he thought it looked like lupus. He thought it might be lupus because I also have another autoimmune disease, which makes me tired. So, I was sent to a rheumatologist. Later, I was referred to a dermatologist to get a biopsy. The dermatologist said, 'No, this is rosacea.' That was three years from the time I first went to a physician for the redness."

After doing a biopsy in 2018, her dermatologist decided to prescribe an ivermectin cream (Soolantra) as a twice-daily application. At the time of the biopsy, the dermatologist asked permission to take photos of her condition to document its severity. Fortunately, the medication worked.

"I began the medication, and within four to five months, I started to have my face back," says Flores. "I didn't think it was possible. Today, I still have a clear face. The rosacea has never returned to the point it was in 2017. The dermatologist told me it might be gone for years and come back. It also might never be that bad again. I still have some redness here and there but not like it once was."

During treatment, Flores was seen by her dermatologist every two months, and by the sixth month, the symptoms were almost completely gone. "I was told at that time to use the [topical] cream as needed. My dermatologist wrote a year's prescription for the medication, but shortly after my six-month visit, I stopped using it because I no longer had the soreness, redness, or discomfort."

S.O.S. (Save Our Skin)

Rosacea, at its worst, can extract a costly emotional toll on individuals, notes Flores. In fact, one reason she made the decision to publicly share her story is her hope that her experience might help others, including health care professionals, to better understand the true impact this chronic skin disease can have on a person's life.

"For myself, the burning and the itching were unreal; I could not find a single calming lotion out there to help it," she says. "It was worse than a sunburn. It was always uncomfortable. I could not get relief from the feeling. During that time, my eyes were also frequently irritated. They weren't red, but at times [they] felt like somebody had scratched sandpaper on them."

The condition also made Flores extremely self-conscious about her appearance. "Sometimes in public people would even ask me, 'What's wrong with your face?' " she recalls. "Of course, you know everyone can see it. You meet strangers, and you can see them looking at your face. I felt so ugly to myself; I didn't feel pretty. For a long time, I didn't want to go anywhere."

In retrospect, Flores believes she likely had rosacea much earlier. "I probably had rosacea all through my 20s, on and off, looking back at photos and remembering certain times when I wondered why I couldn't get this redness to go away. I knew it wasn't sunburn, but I think it just kind of lay dormant, then really reared up in 2017."

Flores encourages those who worry they might have rosacea to seek professional medical advice. Working with a dermatologist as well as also taking a personal, proactive approach to your own health care is essential, she explains. During her acute phase, she found certain foods, for example, would aggravate her condition: "Spicy foods and warm drinks would trigger it for me. I stopped all that, and it helped, too."

> *"When someone comes in with a face that's fire-engine red, and they're telling you how bad it is, give the person time to tell their story. Don't rush them out the door. Hear what they're saying. Rosacea patients need to be listened to and treated with compassion."*
> —Natalie Flores

Today, Flores follows a simple facial skin care routine, which includes washing with a gentle skin cleanser. She also avoids moisturizers and makeup. "It's amazing to me now how much I've improved," she concludes. "I want others to know there is hope for treatment."

Facing It Together

Studies of the most recently available health care claims data show more than 5.1 million people sought medical treatment for acne in 2013, according to the American Academy of Dermatology. More than 1.6 million rosacea patients sought professional care.[7] This is a relatively modest proportion of those who might potentially benefit from treatment.

"I would say not too many people come to our dermatology clinic for rosacea until

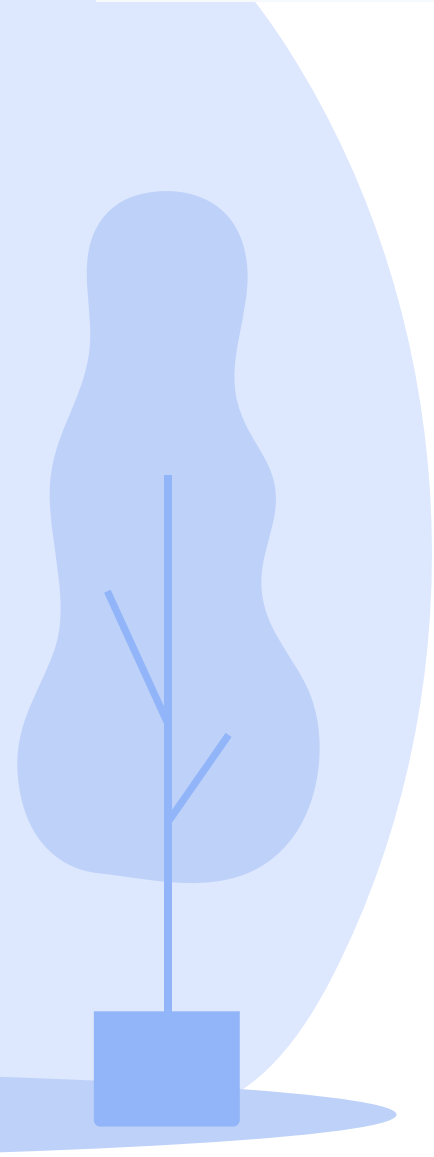
Face-First Resources

American Academy of Dermatology
The American Academy of Dermatology is the largest dermatologic association in the United States. It is committed to advancing the diagnosis and medical, surgical, and cosmetic treatment of the skin, hair, and nails.

https://www.aad.org/public

National Rosacea Society
The National Rosacea Society is the world's largest organization dedicated to improving the lives of Americans who suffer from this widespread but poorly understood disorder. Through education and advocacy, the National Rosacea Society works to raise awareness of rosacea, provide public health information, and encourage and support medical research that may lead to improvements in its management, prevention, and potential cure.

https://www.rosacea.org



they find it's really become bothersome," reports Shannon Goode, CMA (AAMA), who works for Parkview Physicians Group–Dermatology in Fort Wayne, Indiana. "It's not something we see every day or every week in the clinic."

From Goode's experience, this tends to be less true of severe acne cases. "At my previous employer, however, we did see severe acne cases quite frequently," she notes. "It's my impression people often just try to tolerate rosacea or treat it with home remedies and over-the-counter products. They may deal with it for a long time, thinking it's dry skin or they will just get used to it. They'll come to see our dermatology providers only when it is really red and inflamed."

Parkview Physicians Group–Dermatology is affiliated with Parkview Health system, a large regional health system based in Fort Wayne. There, Goode's work with Parkview's dermatology providers includes assisting in procedures such as Mohs surgery for skin cancer. Parkview's medical assistants and registered nurses play an integral role in supporting patients with chronic skin conditions under the care of the clinic's providers. This includes helping educate and manage at-home care instructions, including the use of prescription medications.

"During appointments, we take the patient's history and ask how their medication is working, how they're using it, and if they're having any adverse effects or other issues," reports Goode. "We'll share this information with the provider before they meet with the patient. We also provide patients with informational handouts on skin conditions from the American Academy of Dermatology. There is a good page worth of triggers to avoid with rosacea, for example, so patients don't have flare-ups. These involve more lifestyle and environmental triggers, like sun exposure, hot drinks, alcohol, chocolate, and such. Finally, as the patient is leaving, we might also let them know what prescriptions we have sent to the pharmacy."

In addition to sharing whether they've been experiencing any adverse effects, patients with rosacea or acne share their concerns and questions with medical assistants during their appointments. "Some patients will tell us they feel embarrassed because they're red-faced all the time," says Goode. "Some [older] men with chronic rosacea that's been left untreated tend to get larger, redder noses, so there may be concerns about this."

Interestingly, Goode says wearing masks frequently due to the COVID-19 pandemic has somewhat reduced concerns about appearance. Concurrently, wearing masks might aggravate some chronic skin conditions for some individuals. "We've observed people of all ages [who wear masks] having some acne issues, especially on the chin area because of the masks," she reports.

Face Value

Dermatology can be an especially rewarding field for medical assistants, believes Goode. "Someone might come to our clinic with severe acne; it's on their body and face; it's painful and has been bothersome for years; and nothing over the counter will touch it," she observes. "And then we see them transform over a time to have clear, beautiful-looking skin. We see them at the clinic month after month, and we see that result and improvement. It's not like a walk-in clinic where you're just seeing random people throughout the day. Here we build a rapport with patients. We'll see them return for their yearly skin-body checks, or if they

have skin cancer, they might come in more frequently. It's gratifying being able to see their skin health improve."

Certainly, modern dermatology has much to offer patients with chronic skin conditions to improve their skin health. Working in partnership with their patients, dermatologists can offer many effective treatment options for even the most bothersome skin conditions. As advances in research and treatment strategies continue to evolve, the promise of improved outcomes for those seeking relief from the discomfort of chronic skin disease will likely become an even more common patient experience. ✦

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Chronic Skin Conditions

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Deadline: Postmarked no later than **July 1, 2022**

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

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T F

☐☐ 1. Although acne and rosacea are different, they are essentially different variations of the same condition.

☐☐ 2. *Spider veins* is a term for broken and dilated blood vessels near the skin's surface.

☐☐ 3. Wearing masks due to the COVID-19 pandemic has not been shown to have an effect on skin conditions.

☐☐ 4. Dermatologists usually do not need to perform a biopsy or laboratory tests to diagnose rosacea.

☐☐ 5. One of the functions of human skin is to produce vitamin D, which is vital for bone health.

☐☐ 6. Conditions such as small intestinal bacterial overgrowth or an *H. pylori* infection can affect rosacea.

☐☐ 7. No persuasive scientific evidence suggests that genetic factors cause or contribute to skin conditions.

☐☐ 8. The clogging of skin pores is a key element of rosacea but not acne.

☐☐ 9. Both rosacea and acne are most frequently found in adolescents and young adults.

☐☐ 10. Treatment approaches for rosacea can vary depending on the extent to which the patient is bothered by the symptoms.

☐☐ 11. Parasites and bacteria can cause skin conditions, but viruses do not.

T F

☐☐ 12. Factors such as smoking and poor sleep habits can increase the likelihood of having a skin condition.

☐☐ 13. Issues with organs such as kidneys and the thyroid gland can cause various skin conditions.

☐☐ 14. Primary care providers should not attempt to diagnose rosacea; instead, only dermatologists should make a rosacea diagnosis because of its complexity.

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Bone Voyage

With the advent of electronic cigarettes—and given their popularity among adolescents—the medical research community has the urgent task of assessing their potential harmful effects. Research published in a 2021 *American Journal of Medicine Open* suggests worrying effects on bone health.

The study showed that self-reported fragility fractures were 46% more likely to affect those who had ever used e-cigarettes compared to participants who had never used e-cigarettes. This may be an early indication that e-cigarettes negatively affect bone health.

Ready to smoke out your e-cigarette habit? Bone up on best practices from Healthline:

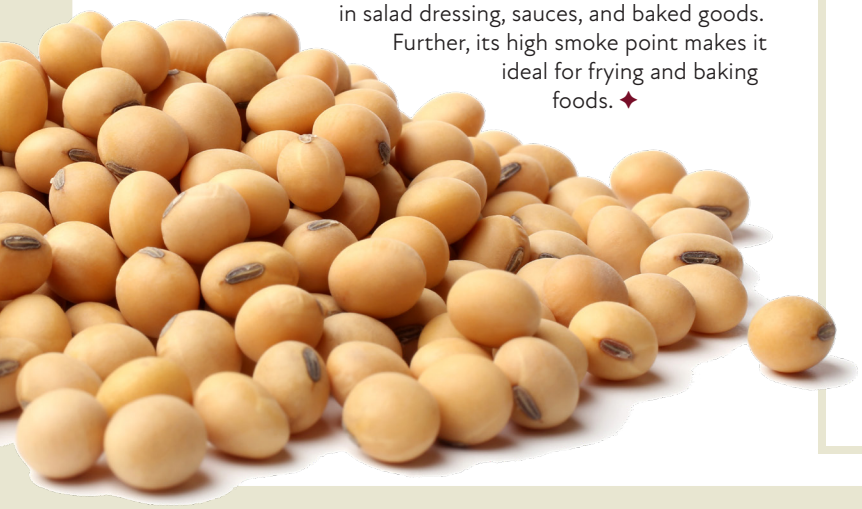
- Determine your reason for quitting.
- Choose the right time to quit; avoid picking a time of heightened stress.
- Identify and avoid triggers.
- Create a strategy for cravings and withdrawal.
- Seek support when needed from your health care provider, a therapist, and close friends or family.

Soybean Solutions

While it may lack the luster of a trendier cooking oil, soybean oil is a proven heart-healthy option, argue researchers in *Nutrition*.

As the most consumed edible oil in the United States, soybean oil is a major source of polyunsaturated fat for many Americans. Crucially, replacing saturated fats with soybean oil lowers cholesterol levels and decreases the risk of coronary heart disease and death from cardiovascular disease. Further, soybean oil has not been shown to increase inflammation or oxidative stress.

As cooking oil options seem to multiply by the day, soybean oil remains a widely available option with proven heart health benefits. Use soybean oil in your cooking to promote flavor, suggests HealthBenefitsTimes.com. For example, it can be used in salad dressing, sauces, and baked goods. Further, its high smoke point makes it ideal for frying and baking foods. ✦



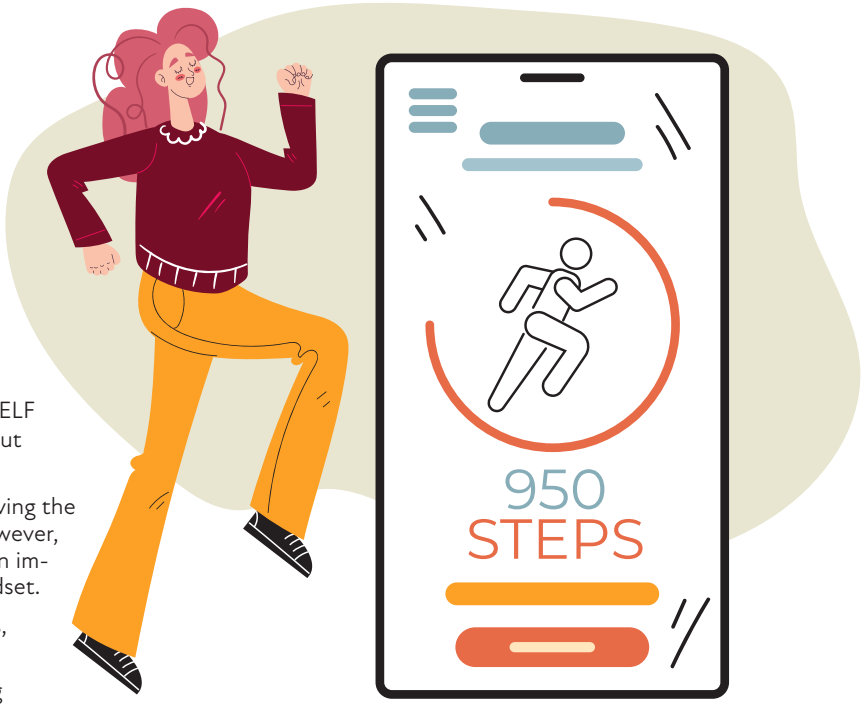
Best Thing Since Sliced Bread

Something as simple as a bread swap can help slow your glycemic response, says research in the *Journal of Nutrition & Intermediary Metabolism*.

A study looked at a mixed-food meal composed of two slices of bread, butter, honey, and milk. The control breakfast used two slices of white bread, while the test breakfast included whole meal bread. The test breakfast had an 11% lower carbohydrate content and nearly triple the dietary fiber content. Results showed that, on average, the whole meal bread substitution reduced the glycemic indices of the breakfast, while also slowing the glycemic response.

Glucoregulation in mixed meals can be complicated, but these results show that even small changes can make a positive impact. ✦

Stepping It Up

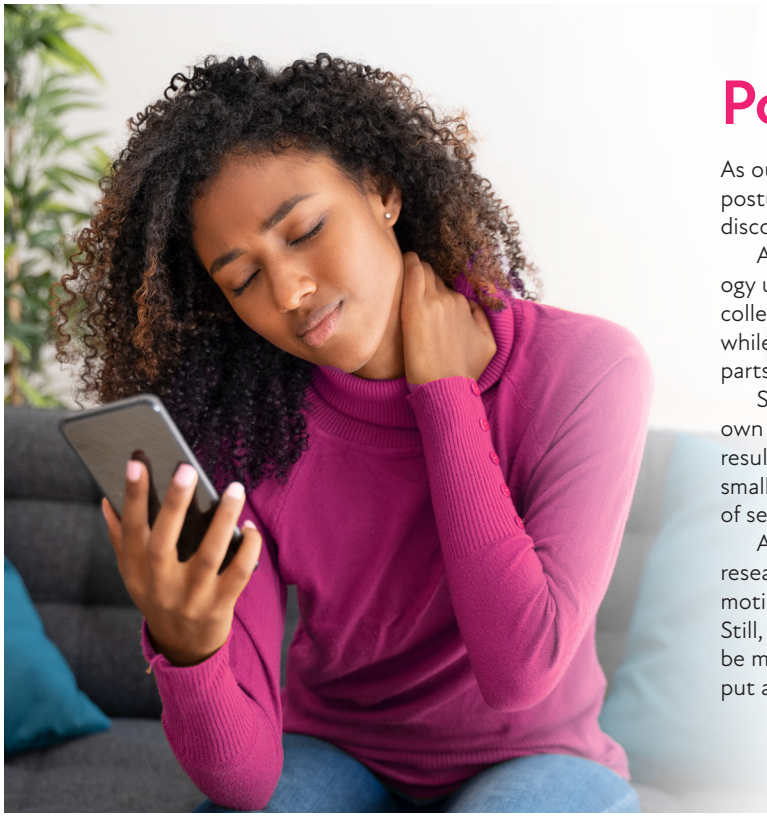


Ever wonder whether the 10,000 steps goal is backed by science? So did the authors of a recently published study in the *Journal of Sport and Health Science*.

In a review of 16 studies that included 147,344 participants, the researchers found that a 1,000 increment in daily steps equated to a 23% decrease in all-cause mortality risk, while 500 additional steps were linked to a 6% lower risk of cardiovascular disease.

The good news is that a little can go a long way. Taking those extra few minutes to walk each day can have great effects on your cardio health. And SELF recommends taking further steps to getting the most out of each mile:

- **If the shoe fits.** Don't be overly concerned with having the right gear; most clothing works fine for walking. However, having quality footwear and comfortable clothes can improve your experience and get you in the right mindset.
- **Stretch your goals.** Plan to add steps in increments, going a little farther on each walk.
- **Uphill battle.** Use inclines to your advantage; going up *and* down hills increases the intensity of a walk.
- **Move with the beat.** Listen to songs with higher beats per minute. Not only will it improve your mood, but it can make walking feel easier. ✦



Posture Postulations

As our relationship with electronic devices evolves, so too does our posture. What effects will this ergonomic evolution have on pain and discomfort? It's complicated, finds research in *BMC Public Health*.

A study used a 35-minute online survey to assess the technology use, posture, and pain and discomfort levels experienced by 515 college students. The researchers looked at common body positions while using technology and reported pain levels for different body parts, as well as their relationship with device usage and postures.

Surprisingly, time spent using smartphones or other devices on its own was not a predictor of increased pain. Even when examining the results of extended device use without breaks, only tablets showed a small effect on lower body pain. Pain mainly came from the frequency of sedentary positions.

As portable electronic devices inspire more creative postures, researchers suggest that these very devices may be integral to promoting healthy behaviors that can mitigate musculoskeletal injury. Still, while electronics may be a key part of work, school, or leisure, be mindful of inactivity. Take breaks to stretch, walk, or otherwise put a pause on sedentary posture. ✦

Patient Pointers

Patient Advisory Councils Lead the Way to Improved Rapport

By Brian Justice

Once a patient leaves a hospital or physician's practice, the last thing they may want to do is go back. But, increasingly, they—and their family members—are being invited to do so. And they are accepting!

Health care organizations use patient advisory councils (PACs), sometimes called *patient and family advisory councils* (PFACs), to involve patients and their family members who have volunteered their participation. The councils are intended to improve hospital and clinic performance and patient satisfaction via regular meetings with clinicians and staff members.

And they are becoming more common. In fact, almost 40% of hospitals have them,[1] and Massachusetts *requires* hospitals to establish these councils.[2] The California Medical Assistance Program requires that health plans establish PFACs, and in Kansas, Michigan, and South Carolina, some insurance reimbursement is based on the presence of PACs in hospitals.[3]

Further, the councils offer payoffs beyond compliance and reimbursement.

"The benefit of [PACs] is that scientists, clinicians, and health care executives can learn from the real-life experiences of patients," says Andrea Wilson Woods, CEO and cofounder of Cancer U, an online platform that hosts programs for cancer patients and their families. "No amount of clinical data will ever replace real-world outcomes and feedback from people who have lived it."

They also provide unique perspectives.[4] "PACs can generate timely and robust ideas that fall within the clinic staff members' blind spots, helping address problems that they didn't know existed," according to *FPM*.[4]

J. Robin Atkins, CMA (AAMA), who works at Augusta University Student Health Services in Augusta, Georgia, agrees. "The patient experience can be greatly improved with ideas from a PAC," she says. "It might be small things practice staff may not notice, like the layout of the waiting room or even the age or types of magazines available. It can also be large things, like staff training on dealing with a diverse patient population."

It Takes a Council

As health care continues to emphasize a patient-centric approach, PACs can play a supporting role.

"When patients and caregivers meet with clinic staff or providers, it allows the patient to have a say in the care and services they desire, not only personally but also generally in terms of what other people might expect as well," says Jodi Blystra, CMA (AAMA), who works with Priority Health in Holland, Michigan. "This also gives the clinic new ideas they might not have considered because no one would have thought that there was a need."

A practice that decides to create a council may rely on staff to identify patients, family members, and caregivers who might be good candidates. Patients who may have had a suboptimal experience are particularly good candidates, suggests Cindy Sayre, an associate administrator at the University of Washington Medical Center in Seattle, Washington. However, "we look for people who have thoughtful feedback and are ready to move forward," she clarifies.[1]

"[The council] should be open to clinical staff in all areas, representing everyone from the beginning to the end of the patient journey," says Blystra. "Patients who represent issues the clinic deals with should be included so that various viewpoints can be discussed, and the council's responsibility is to listen, ask questions, conduct research, and, when appropriate, implement changes."

Outside resources like the Institute for Patient- and Family-Centered Care and the Patient-Centered Primary Care Collaborative offer guidance on recruiting, sustaining, and renewing PACs and patient engagement. New PACs might also consider seeking advice from another local clinic or health care organization with an active PAC.[4]

Some Assembly Required

For successful meetings, PACs can follow recommended best practices.

Meetings should be held once a month and for no longer than two hours—enough time for detailed discussion but not long enough to become a burden for participants.[4] The agenda should be set by a patient representative, a staff member, or both.[4] In addition to staff and patients, guests may include trainees and other clinic staff members that may have insight on certain topics addressed in that meeting.[4]

Two agenda items are common. The first is giving PAC members time to discuss their experiences and brainstorm ways to address issues. The second is staff and guests presenting projects and soliciting feedback.[4]

Because PACs can generate a lot of ideas, participating practice partners must collaborate to select the most feasible projects and refer others to more appropriate departments.[4]

Feedback is a crucial part of an agenda[4] because seeing their concerns addressed makes council members understand and appreciate that their contributions are valued.

In Good Company

The jury is still out on the long-term impact of PACs, but early results are promising. Several institutions are already using PACs to great effect[4–6]:

- The American Academy of Family Physicians conducted research at three health care organizations that serve diverse populations in Boston, Massachusetts; Malden, Massachusetts; and San Francisco, California. Researchers found that settings in which patients and providers set clinic priorities together were more likely to follow the core tenets of clinical care and patient-centered medical home models than those in which providers alone set priorities.
- The Patient-Centered Outcomes Research Institute in Washington, D.C., launched a project studying care for newly diagnosed cancer patients at Boston Medical Center, and other researchers there began seeking input from the PAC. Now, the PAC has participated in a chronic pain study and pilot projects on trauma treatment, breast cancer social networks, and legislation around supplemental breast cancer screening.
- The PAC at the Robert H. Lurie Comprehensive Cancer Center of Northwestern University in Chicago, Illinois, works to improve care coordination, patient-provider communication, and patient and family advocacy for all cancer diagnoses.
- The PAC at Johns Hopkins Medicine in Baltimore, Maryland, concentrates on all aspects of family care.
- At Nemours Children's Health in Orlando, Florida, the PAC's feedback was incorporated into the construction and furnishing of a new facility.

Meanwhile, patients are appreciating the results of PACs. A survey conducted by the Health Research and Educational Trust found that organizations with PFACs scored higher on patient satisfaction surveys than those without.[1]

Every aspect of health care is affected by constant, ongoing changes—not to mention the upheavals caused by COVID-19. Creating a PAC is one response that can produce more than effective communication; it also builds a real community in which all stakeholders can participate. ✦

Lead the PAC

The American Academy of Family Physicians details four key characteristics of a successful PAC[4]:

- **Engaged leadership.** Designating a nonmedical staff member to champion the formation and running of a PAC helps drive leadership participation and respect for everyone's time and input.
- **Diverse recruitment.** Cast a broad net to ensure robust and diverse representation. Promote participation in newsletters, flyers, and even clinic signage. In an average PAC, include 8–12 patients who serve for up to one year and note potential members who can step in when vacancies occur.
- **Careful inclusion criteria.** Interested patients should be required to apply for participation, be interviewed, and pass a criminal background check. Understand their motivation for joining the PAC, and screen for specific agendas, circumstances that may interfere with attendance, or a history of inappropriate behavior toward staff.
- **Adequate funding.** Staff members will need to reallocate some work hours for PAC activities, and, because patient participants are volunteers, a show of appreciation (e.g., dinner provided or a gift card) is appropriate. If transportation, childcare, or interpreters for non-English speakers are necessary, funding can sometimes be obtained through foundations, local governments, or an affiliated hospital.

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Meet and Greet

Students Are Welcome and Encouraged at AAMA Meetings

AMERICAN ASSOCIATION OF MEDICAL ASSISTANTS®

By Cathy Cassata

What students learn in the classroom is essential. Studying physiology, medical terminology, medical law and ethics, and more can give them much-needed knowledge to perform their jobs when they graduate. And yet, trilevel association involvement prepares students for a medical assisting career in ways classroom settings cannot.

"In the classroom, I teach standards—how to draw blood, take blood pressure, talk to a patient—but when students go to [an association] meeting, they can learn so much from other attendees and speakers … as well as engage in networking opportunities, learn about different job avenues, and more," says Shannon Thomas, CMA (AAMA), a medical assisting program director at Surry Community College in Dobson, North Carolina.

She asserts that encouraging students to attend local, state, and national meetings is one of the most important efforts educators can make. By attending, students can reap the benefits.

Do Your Network

About 45% of job seekers find out about job opportunities from friends, and 31% learn about opportunities through professional connections.[1]

Because of this, Lauren Miura, a certified professional coach, recommends that if students have the opportunity to attend a meeting or event sponsored by the American Association of Medical Assistants® (AAMA), they should put it on their calendar.

"You never know who you're going to meet or what new information you're going to learn that could eventually lead you to your next opportunity," says Miura.

To entice students to go to local chapter and state society meetings, Thomas tells them they could be in a room full of future preceptors or employers.

While at meetings, Rebecca Norman, CMA (AAMA), who taught at Ivy Tech Community College in Michigan City, Indiana, and Ross Medical Education Center in Granger, Indiana, encourages students to interact with attendees by breaking the ice.

"We have everyone introduce themselves and share where they work. A lot of our speakers who are providers will announce that they have job openings and encourage students to talk to them, practice managers, or [human resources] personnel from their office," says Norman.

Miura suggests explaining to students that attending meetings shows employers who are there that the students are serious about their careers, take the initiative, and invest in their profession. "[These] traits are going to be attractive to employers," she says.

Entry Point through the Excel Awards

Educators—introduce students to the AAMA by recommending that they submit an entry into the Student Essay Competition. The winning student will receive $1,000!

The submission deadline for the 400-to-500-word essay is **July 1, 2022**. For the essay prompt as well as the eligibility and submission requirements, visit the "Excel Awards" webpage of the AAMA website.

If students can manage the expense of a national conference, Norman notes that attending allows them to network with a wider scope. "Locally, you may attend with 50 or 60 people. At state, [there are] maybe 300, and then at a national conference, that can increase to [nearly] 1,000, so there are more people to network with," she says. Greater numbers mean more opportunities for students to interact with medical assistants with diverse backgrounds—from recent graduates to those with decades of experience, she adds.

Thomas hopes that more scholarships arise to help students get to the national conference, but regardless, when it is held in state or in a surrounding state, she stresses to her students the importance of attending. Such was the case in 2019 when the national conference was held in Greensboro, North Carolina. At that time, she was on the Conference Education Committee. Five of her students attended.

"They loved it and pointed out that every time they saw me, I was talking to different people, including the national president," she says. "I told them that's because over the years, [the other attendees] became my friends and peers to bounce ideas off of."

She encourages her students to connect professionally on social media with the medical assistants and providers they meet at all meetings with the intention of networking and finding mentorships.

Crowdsource

Educators can tell students about the varied opportunities that exist for medical assistants; but, at meetings, students get the chance to interact with members who currently work in those specialties.

"They might sit at a table with someone who works in pediatrics or cardiology—or maybe several who work in cardiology yet have a different take on working in that specialty. … [Students] may also learn that there are opportunities outside of clinics and hospitals and that down the road they can be [practice] managers," says Thomas.

Although she explains to students that some practices might see 16 patients a day and others 70 per day, until they hear it from people who have firsthand experience, it might not sink in.

"Sometimes in class, a student will say they want to work in pediatrics, but when they come back from a meeting, they have changed their mind to cardiology," Thomas says. "[Talking to more people] helps give them more perspective."

The Pros of Con(ference)s

While in class, students learn the skills they need for medical assisting certification exams and to perform tasks on the job. While educators try to stay up to date on medical news and innovations, it is not always possible. However, speakers at meetings can give insight about emerging topics in the medical field.

When Norman lived in Colorado for two years, she was a member of the Colorado Society of Medical Assistants and taught at IBMC College in Longmont. For the society meetings, she tried to get exciting speakers to attract students.

"I had one [speaker] talk about parasites and [sexually transmitted infections]. My goal has always been to get students interested to go and leave with information they were not familiar with," says Norman.

To make it convenient for students to attend, she arranged workshops on college campuses.

Join the Club

State and national conferences give students an opportunity to see how AAMA members work together to improve their profession. When Norman taught in Indiana, she encouraged students to attend the weekend sessions at the state conference.

"Students could be pages at our conferences, which teaches them a lot about the profession and the importance of joining the AAMA," she says.

Thomas makes attending a chapter meeting an assignment that is graded based on taking minutes during the meeting. She believes the assignment teaches them how to take minutes professionally, as well as gives them an understanding of the importance of obtaining CEUs and an awareness of the issues that affect medical assistants at local, state, and national levels.

"Many students end up going back to meetings on their own after they turn in the assignment," says Thomas. "One student who attended a national conference came back to school with a notebook full of notes about all she learned, including about how the AAMA works."

She believes learning about the AAMA in this manner helps grow chapters and, ultimately, AAMA membership. "Students are the future of what keeps our organization going," says Thomas. ✦

Safety Net

A 2021 survey[2,3] asked prospective conference participants about their thoughts on attending conferences online or in-person.

The survey found that virtual and in-person options were of equal interest to participants and hybrid conferences were close behind.

Rebecca Norman, CMA (AAMA), says students in her state responded positively to virtual workshops during the pandemic.

"We have gotten so many thank-yous for keeping the workshops going," says Norman. "[Students] are often juggling a lot. Virtual meetings allow them to join in their pj's. If they have kids at home, they don't have to get a sitter or commute. They just have to get on the computer and reap the benefits of learning about topics and different types of specialties and hearing providers talk about what they do."

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Well Wishes

CMA (AAMA) Improves Patient Compliance for Medicare Annual Wellness Visits

By Cathy Cassata

In 2019, when Kimberly Maness, CMA (AAMA), learned her employer wanted to create a program to promote Medicare Annual Wellness Visits (AWVs), she stepped up.

With more than 30 years of medical assisting experience in a variety of specialties—including 10-year runs in cardiology, hematology, and oncology—Maness felt qualified. The five providers she worked with at McLeod Family Medicine Darlington in South Carolina agreed. They assigned her the role of leading the program, which involved establishing a dedicated schedule for the visits and running them within her scope of service.

"I do the legwork, such as digging through a patient's chart to find a colonoscopy that was performed 10 years ago or explaining to a diabetic patient that there's no co-pay for an annual diabetic eye examination," explains Maness. "Providers can't get this in during a 15-minute visit when the patient is there for something unrelated."

She turns to her clinical skills to help explain Medicare Part B benefits to patients.

"As an experienced CMA (AAMA)®, I've been exposed to a wide range of clinical situations, and this gives me the knowledge to help patients understand why they need to get a colonoscopy or mammogram," says Maness.

While she was prepared to make the visits informative for patients, the first challenge she faced was getting patients interested in receiving an AWV. Medicare began paying for AWVs in 2011, but McLeod found that many patients were still not aware of the benefit. Providers often informed patients that they were due for the Medicare AWV, but they relied on Maness to convince them to schedule one. To build up appointments, she made cold calls to eligible patients from a list provided by physicians.

"I ended up spending a good 15 minutes on the phone with each patient, because I had to explain what the Medicare AWV is [and] convince them why it was a good thing and that I wasn't selling them anything but rather making them aware of a benefit they were eligible for," says Maness.

Once patients are at the appointment, she spends 30 to 45 minutes with each one before checking them in with their provider, who reviews a summary of her interaction with each patient.

"It's not just handing the patient a piece of paper and telling them to read instructions and fill it out in the waiting room. I walk them through the benefits step by step and answer their questions," she says. "You can't get compliance if you don't get a patient's trust and act as the liaison between them and the provider."

In addition to creating a dedicated AWV schedule and conducting the visits, Maness also established a retention program by sending letters and emails to eligible patients. Six months after starting the program, she consistently scheduled up to eight patients daily.

"I get appreciation from providers, and patients often tell me they are grateful to know about the benefits that can help keep them well," says Maness. "But the proof of the program's viability is that patients now call *me* to schedule for the next year."

In 2021, to cut back on her commute time, she transferred to another McLeod Health clinic in Cheraw, where she launched its first AWV program. Because the practice has a residency program and limited providers, Maness has to work around scheduling blocks. Despite the challenges, she plans to build up to scheduling two to three patients for AWVs per day.

"My hope is that all practices and facilities will be enlisting well-experienced CMAs (AAMA) to facilitate these dedicated programs," says Maness. ✦

AAMA Volunteer Leadership

Make a Difference

Help shape the future of your profession.

Join the AAMA volunteer leadership team.

Both new and experienced members are welcome!

To serve, you must be a current AAMA member (exceptions apply for the CB). Appointees must maintain membership throughout their term of service. Appointees will be selected from a pool of candidates when openings are available. Task force positions are recommended as preparation for the CB or CEB. Volunteers interact frequently by email.

Board of Trustees

___ **Editorial Advisory Committee**
Suggest topics and interviewees, and review articles for *CMA Today.*

___ **Leadership Development Strategy Team**
Develop resources for leaders on all levels, including working on Leader Spotlight, the AAMA Leaders Facebook Group, and the State Leaders session at conference.

___ **Membership Development Strategy Team**
Develop ways to promote AAMA membership to recruit and retain AAMA members.

___ **Marketing Strategy Team**
Develop ways to promote the AAMA to the public, including employers, health agencies, and medical assisting programs.

___ **Social Media Committee**
Be an AAMA brand ambassador by actively participating in AAMA social media channels (e.g., Facebook, Instagram, Twitter, TikTok, and LinkedIn).

Continuing Education

You must hold a CMA (AAMA)® credential.

___ **Continuing Education Board (CEB)**
Oversee continuing education articles, conference sessions, and self-study products.
(Two-year term.)

___ **LEAP (Leaders in Education and Practice) Task Force**
Plan educator activities for conference and topics for e-workshops.

___ **Practice Managers Task Force**
Plan manager activities for conference.

___ **Task Force for Conference Continuing Education Sessions**
Develop topics for conference educational sessions.

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You must hold a CMA (AAMA)® credential.

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Oversee the CMA (AAMA) Certification Exam. Task Force for Test Construction experience preferred. *(Two-year term.)*

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Write and review exam items. *(Three-year term.)*

Talk to a leader! If you would like to discuss a position with current leaders, email them directly by using the contact info found at www.aama-ntl.org/volunteers/leaders.

Leadership Application

For more information, email Customer Service Manager Erika Mercado at EMercado@aama-ntl.org.

Only applications that include required documentation will be considered. If you seek reappointment to a position, you *must* reapply. Appointees will be notified following the AAMA Annual Conference.

Required documentation

✓ **This form.** Number in order of preference *(1 being the highest)* the position(s) you seek to fill.

✓ **Résumé.** Attach a résumé along with a listing of chapter, state, and national activities.

✓ **Statement.** Include a brief assessment of your reasons for requesting the position(s) and your qualifications.

PRINT the information below.

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