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CMA™ Today

Out of Harm's Way

Place Informed Conversations and Screening in the Forefront of Suicide Prevention

You Have My Gratitude

It seems like yesterday I was installed as the 2021–2022 AAMA President. I cannot believe my time as president is almost over, and this is my last President's Message. I want to thank everyone who has supported me this year; it has been a great learning and rewarding experience for me as well as a challenging one. I especially want to thank the Board of Trustees (BOT) for all their hard work this year. The BOT members are very dedicated to the AAMA and our members, and the BOT has devoted a lot of hours this year to serving the AAMA. We have met many times, outside the scheduled BOT meetings, and I appreciate every one of the BOT members!

The AAMA Annual Conference is upon us, and I hope you are planning to attend the conference in Myrtle Beach, South Carolina. What is especially exciting about the conference this year is that it will be held during the last few days of Medical Assistants Recognition Week (MARWeek). This is the time of year when medical assistants are recognized for all the hard work they do for employers and patients. I love looking on social media and seeing medical assistants' photos and posts of how their employers celebrate them during the week. If you have an employer who does not know what MARWeek is, the AAMA has a complimentary MARWeek packet you can order that contains several items, including a poster you can hang up to celebrate MARWeek and a letter for your employer explaining what MARWeek is and ways they can celebrate their medical assistants.

We all work hard as medical assistants and deserve to be celebrated! My local chapter, the Spartanburg Chapter of the South Carolina Society of Medical Assistants, holds its monthly meeting during MARWeek, and we invite local medical assisting program students to our meeting for a meal and to participate in the student Bowl of Knowledge. We have given away door prizes and prizes for the Bowl of Knowledge winners. I hope all of you will be celebrated and feel appreciated during MARWeek and beyond. The BOT appreciates everything you do for your employers and patients and hopes you have the best week ever this year! We look forward to seeing you at the AAMA Annual Conference, where we can all celebrate MARWeek together!

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.

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

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By Mark Harris

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MARWeek special feature

Providers and Patients Recognize How Marvelous Medical Assistants Can Be

By Cathy Cassata

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AAMA update

Proactive Prevention

The Medical Assistant Fetal Alcohol Spectrum Disorders Practice and Implementation Center (Medical Assistant FASD PIC) strives to reduce and prevent FASDs by introducing and sustaining medical assistants' knowledge and practice behaviors.

September is FASDs Awareness Month, so it's the perfect time to explore the Medical Assistant FASD PIC 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 Medical Assistant FASD PIC website (https://fasdmapic.org/) for resources on these topics and more:

- Alcohol and Suicide
- Things to Avoid During Pregnancy
- Summer Safety
- Healthy Pregnancies

The partnership between the AAMA and the Medical Assistant FASD PIC 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-free pregnancies through these great products!

Early Bird Membership Special

Discounted dues for online sign-ups! If you sign up online for AAMA membership between July 1, 2022, and Oct. 31, 2022 (before midnight), you will receive an $8 discount! (Discount does not apply to student members.)

Renew instantly on the AAMA website. Sign in and click "My Account" above the search bar at the top-right. Then click the "Renew My Membership" link from the left-side menu on the page.

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 2023 meeting. The deadline is Oct. 30, 2022.

MARWeek Power Packs

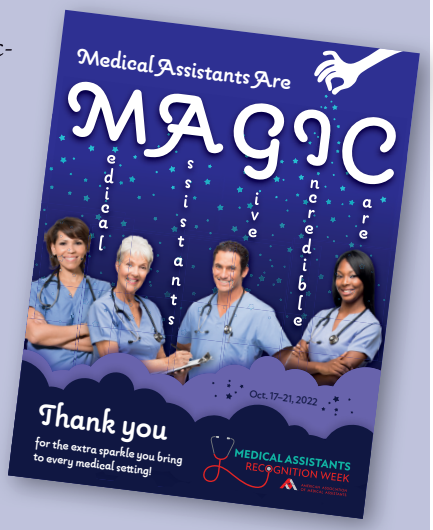
Do you believe in magic? We do—that is, in the magic of medical assistants and their spectacular care. That is why we celebrate Medical Assistants Recognition Week (MARWeek) during the third full week in October:

MARWeek: Oct. 17–21, 2022

MARDay: Oct. 19, 2022

While these pros don't need magic wands, the AAMA provides other 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—which this year will include appreciation cards that you can fill out to show gratitude for another medical assistant on your team. 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.*



Scholarship Road

In honor of last year's recipients of the esteemed Maxine Williams Scholarship, we checked in to see how they are doing on their journeys as medical assistants:

Tamaragail Tarrant, CMA (AAMA), graduated from Greenville Technical College in Greenville, South Carolina, in August 2021 and passed the CMA (AAMA) Certification Exam in September 2021. Since then, she has been using what she learned in her program to focus on leadership duties at her work, where she has been promoted to assistant manager. "The most challenging thing for me right now is that I am no longer in direct patient care, which I miss from time to time," she says.

Though her current role is more administrative, Tarrant explains that "becoming a CMA (AAMA) has by far been one of the best experiences I've had in the past decade, especially for my career."

Tarrant shares her gratitude for the Maxine Williams Scholarship and its importance to her journey: "[The] Maxine Williams Scholarship helps lessen the financial burden of receiving a higher education. From this relief I will be able to pursue further education to become a doula before venturing toward my end-goal of being [a nurse practitioner] midwife."

Milena Thao, CMA (AAMA), graduated with high distinctions from Century College in White Bear Lake, Minnesota, in August 2021 and passed the CMA (AAMA) Certification Exam in February 2022. Since then, Thao has landed a position at a women's health clinic where she had an externship during her program. "Within just a matter of months of employment, I have jumped into a role where there are never-ending possibilities of learning, and [I] love every second of it," she says.

Though the work can be tough, Thao remains steadfast in her passion for medical assisting and how rewarding it is. She finds that the heartfelt comments from patients make it all worth it. "Our mission at the clinic is *you*," she says.

Thao is adamant in her gratitude for the Maxine Williams Scholarship. "My educational pursuits would not have been possible without the generous donation of the Maxine Williams Scholarship," says Thao. She adds, "Thanks to the AAMA for supporting me toward achieving my goal of being a credentialed medical assistant and for reaching my fullest potential."

Maxine Williams, CMA-A

Petrea Ashmore, CMA (AAMA), graduated from her medical assisting program and passed the CMA (AAMA) Certification Exam in September 2021. Since then, she accepted a full-time medical assisting position at Matsu Regional Urgent Care in Wasilla, Alaska, where she completed part of her practicum.

Ashmore finds the steep learning curve challenging but sees reward in the ability to help people and make their days better. "Learning a new career has been an adjustment but also very exciting," says Ashmore. She adds, "I feel like I learn something new every day."

Ashmore reflects on the benefits the Maxine Williams Scholarship brought her: "Receiving the Maxine Williams [Scholarship] was very helpful in paying off the remainder of my balance on my education. I am very grateful for this opportunity."

The Less-Regulation Movement: Why Certification Is a Viable Option for Professional Regulation

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

In at least the last seven years, an increasing number of state and federal decision-makers have become proponents of the philosophy and policy stances of the professional/occupational less-regulation movement (LRM). I have written and spoken on this topic for professional publications and conferences.[1,2] Having studied the economic and legal arguments for and against the LRM, I have taken the position that incorporating private-sector certification into state law is a viable option (and, in some cases, the best option) for protecting the public from substandard professional services.

In this article, the terms "profession" and "patient" include, respectively, "occupation" and "consumer/customer/client."

Definitions

Evaluating the positive and negative effects of professional credentialing is central to the debate about the optimal role of state governments in regulating professions. The following definitions are foundational for understanding the issues.

"Credential" is a generic term that encompasses (1) academic credentials, such as degrees, certificates, and diplomas; (2) credentials awarded by passing an examination—most often a licensing or certification examination; and (3) credentials awarded after successfully completing a prescribed continuing education course of study (e.g., an assessment-based certificate).

A "license" is a *mandatory* credential (usually issued by a state) without which an individual is not permitted by law to practice a profession.

A "certification" is defined most frequently as a *voluntary* credential (usually issued by a national private-sector body) that provides evidence of an individual's knowledge and competence in a profession. The key distinction between a license and certification is that a license is required by law but certification is (with exceptions) not required by law.

The Fundamental Economic Principle of Professional Credentialing

My fundamental economic principle for determining the optimal stringency of a credentialing examination and its eligibility requirements is applicable to both state licensing and private-sector certification. It consists of two conditions:

1. Professional credentialing should be stringent enough to protect patients from harmful and substandard services by excluding incompetent and unscrupulous individuals from the profession. If the credentialing requirements are not sufficiently stringent, the likelihood of harm to patients would increase.
2. Professional credentialing should not be so stringent that it excludes knowledgeable and competent individuals from the profession. This would artificially increase the price of professional services and lessen their availability. Too-stringent professional credentialing would also reduce the potential income of unjustifiably excluded individuals.

Corollaries of the Fundamental Principle

Two corollaries (i.e., propositions that proceed from a single or multiple just-demonstrated propositions) follow from the previous two conditions of the fundamental economic principle of professional credentialing:

1. If a high likelihood of significant harm to patients by incompetent individuals practicing a profession exists, there should be more stringent entry and ongoing requirements for individuals to practice the profession.
2. If a low likelihood of harm to patients by incompetent individuals exists, and if any harm would be minor and impermanent, there should be less stringent entry and ongoing requirements for the profession.

The Position of LRM Proponents

Advocates for the LRM would generally agree with my fundamental economic principle and its corollaries. However, the position of LRM supporters is that—in practice—existing regulation of some professions should be reduced (or even eliminated), and unregulated professions should remain unregulated. This policy stance is reflected in the following excerpt from the Occupational Licensing Defense Act of the American Legislative Exchange Council:

> The purpose of this Act is to ensure that an individual may pursue a lawful profession free from unnecessary occupational regulations and protect against the misuse of occupational regulations that reduce competition and increase prices [for] consumers. The government should use the least restrictive means of furthering important government interests in the name of public safety and not substantially burden an individual from seeking a lawful occupation.[3]

Underlying this antiregulatory position is the conviction that the regulation of professions should be left to free-market forces, such as civil suits against professionals

who act negligently or dishonestly, ratings of professionals published by third-party consumer protection bodies, and sanctions against unscrupulous professionals provided by state and federal consumer protection and anti-fraud laws.

Third-Party, Private-Sector Certification—an Underutilized Option

Many scholars, legislators, and organizations supportive of the LRM are aware of private-sector certification and generally view it in a favorable light. This is because certification is less restrictive than licensure and does not require the expenditure of government funds. Nevertheless, my observation is that the suitability of certification as a less intrusive and less costly alternative to state licensure has not been fully realized by policy analysts and government decision-makers.

The Advantages of Certification

There are several reasons why certification is an equally good, if not superior, credentialing mechanism for protecting patients without necessitating the creation of an executive branch licensing board:

1. Certification programs accredited by the National Commission for Certifying Agencies (NCCA) under the NCCA *Standards for the Accreditation of Certification Programs*[4] and/or accredited by an accrediting agency under International Standard ISO/IEC 17024:2012(E), "Conformity assessment—General requirements for bodies operating certification of persons," (also known as ISO 17024) must be based on some type of occupational analysis meeting generally accepted psychometric principles. As a result, accredited certification programs and entities accurately measure the knowledge, skills, and professional attributes and behaviors that professionals must have in order to provide services of sufficient quality in a manner consistent with legal and ethical standards.

2. As is the case with most licensing programs, certification programs accredited by the NCCA or under ISO 17024 must require periodic proof of ongoing knowledge by its certified professionals. Such ongoing knowledge can be demonstrated by continuing education (preferably, with an assessment component at the completion of the continuing education modality), peer review, retesting, self-assessment, proof of the ongoing effective and safe practice of the profession, or a combination of these requirements.

3. Private-sector certifications are almost always national in scope. In contrast, state licensing requirements and examinations can vary (sometimes considerably) from one American jurisdiction to another. Reciprocity agreements, interstate compacts, licensing by endorsement, and the relatively recent universal license recognition legislation are reducing the barriers to interstate mobility for professionals. However, as positive as these legal measures are becoming in lessening the state-by-state balkanization of professional licensing, a national certification accomplishes the same ends with fewer legal steps and potential opponents.

4. Eligibility pathways for licensure, which often include education, experience, and passing an examination, are established by state statute and/or regulations of a state agency. Changing the eligibility requirements for licensing can be politically charged, cumbersome, and time-consuming. Certification programs do not face these obstacles to the same extent as licensing programs. For example, revising the eligibility pathways for a certification is almost always a more straightforward and faster process than a legislature amending a practice act or a state professional board proposing regulations for comment by communities of interest prior to formal board approval. An advantage of the relative nimbleness of certification programs is that they can implement alternate pathways to a certification (such as comparable training in the United States armed forces and substantially equivalent education in another nation) without governmental involvement.

5. A popular misconception is that only licensing boards have the legal authority to discipline professionals under their jurisdiction. This is not the case. NCCA-accredited certification programs are required to have standards of professional conduct for their certificants and a mechanism to investigate complaints and invoke sanctions.

6. Finally, certification programs are financially self-sustaining and do not have to rely on government funding for their operations.

The certification community should not consider the LRM as an unmitigated threat. Some certifications are prerequisites for state licensing, and these certifying programs can argue (consistent with the LRM philosophy) that their certification saves taxpayer dollars and strengthens the licensing program. Other certification programs may ally with LRM advocates in states that do not have licensing and assert that their certification can be an alternative to the creation of a state licensing mechanism. ✦

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Shake, Rattle, and Roll

Moving to Make Bone Density a Health Focus

By Brian Justice

As awareness about osteoporosis and other age-related bone issues grows, bone density testing has become not just necessary but also commonplace. For many, it is as mundane a part of health care maintenance as the routine checking of blood pressure, height, and weight that kicks off every visit to the physician's practice.

Bone density research has prompted expanded testing recommendations, and it may well serve frontline health care professionals like medical assistants to keep their knowledge current.

The Straight and Marrow

"We continue to conduct research aimed at understanding all the factors that contribute to reducing fractures, including lifestyle," says Robert H. Carter, MD, deputy director of the National Institute of Arthritis and Musculoskeletal and Skin Diseases.[1]

In a study that found that fractures decreased as tobacco and alcohol use fell, data were collected from almost 11,000 men and women, starting from the date of their first hip fractures and continuing over the next 40 years. During that period, smoking decreased among the participants by 30%, and during that same period, heavy drinking—defined as having three or more drinks a day—fell from 7% to 5%. The big takeaway was that the number of hip fractures for this group dropped by 4% every year for 40 years for both men and women.[1]

"In addition to considering osteoporosis treatments in individuals at risk of hip fractures … this study points to the continued need for public health interventions to target modifiable lifestyle factors such as smoking and drinking," says the study's leader, Timothy Bhattacharyya, MD.[1]

Read the Spine Print

"Osteoporosis is more prevalent in women than men, but men experience it too," says Michael Green, MD, an ob-gyn in Wilmington, Delaware. "The statistics show that 3 out of 5 women over the age of 50 experience osteoporosis, compared to 1 in 5 men. And while men may be surprised to learn they have developed osteoporosis, that doesn't change the need for medical intervention and treatment."

A recently published study revealed that men with higher body fat levels have lower bone density and may be more likely to break a bone than men of average weight.[2] Researchers analyzed the bone mineral density and body composition of nearly 11,000 people under 60. They found that lean mass was associated with high bone mineral density in both men and women. However, fat mass had a notable adverse effect on men's bones in particular.[2]

"We found that higher fat mass was related to lower bone density, and these trends were stronger in men," says coauthor Rajesh K. Jain, MD, adding that health care providers should consider osteoporosis screening for men with high body weight, "especially if they have other risk factors like older age, previous fracture, family history, or steroid use."[2]

Fracture Factors

Recent studies and research have found certain conditions to be associated with bone density loss, suggesting that bone density testing may be a good idea for more and younger people than is currently considered the norm.

Five various studies found that lower bone density is associated with hearing loss.[3] Osteoporosis causes a 76% higher likelihood of sudden onset hearing loss.[3] The nerves that enable hearing are encased in hard bone, but osteoporotic bone metabolism changes the flow of calcium to those nerves. Researchers increasingly believe that the resulting disturbance correlates hearing loss with osteoporosis.[3]

Another study found that patients with advanced chronic kidney disease also have impaired bone quality and quantity. These patients' risk of nonvertebral fractures is as much as six times higher than average, but most of these patients currently do not receive osteoporosis therapy as part of their treatment.[4]

"Clinicians treating chronic kidney disease patients are often unsure about how to optimally manage bone health, resulting in inaction and a 'wait and see' approach," says the study's author, Pieter Evenepoel, MD. "It is time to foster a paradigm shift with regard to osteoporosis care in these patients."[4]

Osteoporosis also occurs with surprising frequency in children, adds Shevaun Doyle, MD. "Pediatric orthopedists have developed a growing awareness of this condition, so we are seeing more cases than formerly," she says. "The actual number of otherwise healthy children with low bone density is increasing for a variety of reasons."[5]

Those reasons include the following[5]:

- Less physical activity
- Poor nutrition
- Inadequate vitamin D, which helps the digestive tract absorb calcium
- Metabolic, gastrointestinal, and congenital disorders
- Conditions that require chronic use of medications that interfere with bone production, such as those commonly prescribed for attention-deficit/hyperactivity disorder and thyroid disorders
- Renal and neuromuscular disease
- Anorexia
- Prolonged immobilization

Through Thick and Thin

Bone density testing elicits some ongoing questions, says Diann Jones, CMA (AAMA), a certified bone densitometry technologist at the Brody School of Medicine in Greenville, North Carolina.

Those questions could include, " 'Is it a closed machine? Do I have to drink anything, [will I] have an IV, and how long does it take?' " says Jones. "My role is to explain the process of having a DXA [dual-energy X-ray absorptiometry] scan to the patient. I explain that it's an open machine, that they can eat and drink normally beforehand, though [they should] avoid excess calcium for 24 hours before the test, [and] that it is noninvasive and takes about 30 minutes. There is also very little radiation used when performing a DXA scan."

Like Jones, other medical assistants may often be the first health care professionals people see when they seek out medical care. Staying up to date on compromised bone health indicators will drive increased awareness among providers and better care and outcomes for all patients. ✦

The Bare Bones

The prevalence of bone density issues drives a need for measures to address bone health. In 2010, nearly 100 million Americans over 50 years old had severely decreased bone density mass, and over 10 million people over 65 had osteoporosis. The rate at which the American population is aging means that by 2030 there will be an increase of almost 30% in the number of people with low bone density mass, and the number of fractures will grow proportionally.[6]

New forms of testing are on the horizon, though, and technology is driving their development. The U.S. Food and Drug Administration recently approved the use of new software that uses artificial intelligence (AI) to help providers evaluate and assess musculoskeletal disease in older adults.[7]

"The most recent developments in bone density testing are the ability of AI to diagnose osteoporosis via a hip X-ray," says Michael Green, MD. "AI is increasingly able to use deep learning to detect patterns associated with osteoporosis, and this is groundbreaking because traditional bone density scanners are costly to use, whereas X-rays are extremely commonplace."

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Why the AMI?

Adults younger than 55 account for nearly one-third of hospitalizations from acute myocardial infarction (AMI). Researchers sought to determine the sex-specific AMI risk factors for younger individuals in *JAMA Network Open*.

The study found that diabetes was the largest AMI risk factor for women younger than 55. Other risk factors included current smoking, depression, hypertension, low household income, hypercholesterolemia, and a family history of AMI. Men younger than 55 had many of the same risk factors, but there were some key differences—low household income was not a significant AMI risk factor, and physical inactivity and hypercholesterolemia were significant AMI risk factors.

Researchers hope that by studying sex-specific AMI risk factors in younger adults, more specialized initiatives and care can be introduced. ✦

Engagement Improvement

High work engagement may be linked to increased patient safety, according to a recent study from the *International Journal of Environmental Research and Public Health*.

The study surveyed 424 medical assistants in Germany using the Utrecht Work Engagement Scale. This scale measured vigor (i.e., energy levels and work persistence), dedication (i.e., enthusiasm for one's work), and absorption (i.e., immersion and focus). Then, researchers asked participants whether they were concerned about having made a critical medical error in the last three months. Results showed that those with high levels of vigor and dedication were substantially less likely to report concerns over major medical errors in the past three months.

Researchers suggest a few possible explanations. Medical assistants who are more engaged may pursue more learning opportunities and possess higher or more up-to-date medical knowledge. They may also adhere more closely to safety protocols or address errors quickly.

No matter the reason, if increased engagement from (and decreased burnout among) medical assistants can help pave the way for better patient safety, employers should take note.

Safe Sleep Solutions

Patients today often get medical information—for better or worse—from the internet. A recent study from MaineHealth explores how social media and the internet influence parents regarding how they place their babies to sleep.

The study surveyed 50 patients and found that one-half used social media or the internet to get information on safe sleep for babies. 88% who used social media or the internet found the information helpful or very helpful. In comparison, 81% of patients received information on safe sleep for babies at their primary care practice, and 81% of those who received that information found that advice to be helpful or very helpful.

Patients should continue to be advised on safe sleep practices by health care professionals. Additionally—since so many patients consult the internet for medical information—the researchers suggest that health care providers can also recommend online resources to parents. This allows primary care practices to recommend vetted sites to parents and minimize exposure to unhelpful or incorrect information. ✦

Continuous Glucose Monitoring Tips

Continuous glucose monitoring (CGM) can be an invaluable tool in helping patients with type 2 diabetes manage their condition. Previous studies of CGM have shown it reduces hospitalizations and hypoglycemia and lowers A1C levels, among other benefits. To further understand best practices and how to address potential barriers to use, researchers convened an expert panel comprised of health care providers, publishing their results in *Endocrine Practice*.

The panel identified a few challenges and proposed solutions:

Staff time. Medical assistants can help educate patients on the onboarding process and aid them in uploading data. They can also provide reports to clinicians for their review. However, it can be difficult for staff to take on the burden of uploading data and regularly calibrating CGM devices. The panel suggests (1) summary tables comparing different CGM device functions and (2) integration into electronic health records as two measures to help minimize staff burden.

Cost. Insurance coverage can be inconsistent and insufficient regarding CGM supplies and interpretation costs. Conversations with patients about costs can help avoid surprise bills. For the uninsured or underinsured, intermittent use of a CGM—supplemented by blood glucose monitoring—may be a way to maximize care while keeping costs down.

Other patient concerns. Patients may be overwhelmed by the amount of CGM data and question its usefulness. They may also experience discomfort from the sensors and annoyance with the various alerts and alarms. Staff can help address these concerns through education, sample CGMs, products to reduce irritation, and the adjustment of alarm settings when possible.

CGM can be an incredibly useful tool, and by working through accessibility and clinical barriers, clinics can help patients secure this much-needed care.

Stigma and Patient Care

Weight-based stigma can have negative effects on patient care, according to a study in *Obesity Science and Practice*.

Researchers surveyed 2,380 primary care patients with a body mass index (BMI) greater than 25 kg/m^2 and looked at stigmatizing experiences, patient-centered communication, and perceived respect to see how these factors affected the timing of care and how often patients sought a new physician. Results show that stigmatizing experiences, poor patient-provider communication, and low perceived respect lead to delays in care and increased changes in physicians.

These patients may seek care later in a disease's progression than ideal because they lack a trusted health care provider, leading to worse patient health outcomes. Health care providers can mitigate this unnecessary damage to patient care through improved communication and respectful treatment regardless of BMI.

Ultimately, all patients deserve to be respected and heard; their health depends on it. ✦

Out of Harm's Way

Place Informed Conversations and Screening in the Forefront of Suicide Prevention

By Mark Harris

Suicide is always personally tragic, and its impact can be far-reaching. Because suicide affects not only individuals but families, communities, and society at large, suicide is a significant public health issue. In 2020, suicide caused 45,979 deaths in the United States, according to the Centers for Disease Control and Prevention (CDC).[1] Suicide ranked among the top nine causes of death for people ages 10–64. Among people ages 10 to 34, suicide was the second leading cause of death.[1] These figures express the worst outcomes of a much larger story. In 2020, an estimated 1.2 million Americans attempted suicide, 3.2 million planned a suicide attempt, and 12.2 million had serious suicidal thoughts.[1]

"Suicide is a public health crisis that affects all ages, races, genders, sexual orientations, religions, and communities," says Daniel J. Reidenberg, PsyD, FAPA, executive director of Suicide Awareness Voices of Education (SAVE). "We have somebody dying by suicide every 11 minutes in this country. Somebody attempts to take their own life every 28 seconds. Suicide is more prominent than homicides or car accident fatalities. There are more deaths by suicide every year than by breast cancer. There are tragically too many deaths by suicide in our country."

Unpack Suicide Stigma

As a public health issue, a mosaic of contemporary concerns influences suicide's stark reality[2]:

- Social isolation
- Economic and family stressors
- New or worsening mental health symptoms
- Disruptions to work and school caused by the COVID-19 pandemic

Evidence also suggests that childhood trauma or maltreatment, such as physical, sexual, and emotional abuse and neglect, is associated with an increased risk for suicidality (i.e., suicide or suicidal thoughts, plans, or actions) in adults.[3]

For many reasons, suicide presents mental health advocates with a formidable public health challenge. Efforts to effectively meet this societal challenge invariably entail a comprehensive approach that engages mental health experts, primary care providers, social workers, educators, youth advocates, those with lived experience, and family and community resources.

"We have to address suicide prevention using a population health approach," says Sandra J. Gonzalez, PhD, MSW, assistant

professor in the family and community medicine department at Baylor College of Medicine in Houston, Texas. "Historically, we focused largely on individual factors rather than considering suicide in the context of families, communities, and even our broader society. But we know that contextual factors, such as the social determinants of health, have to be addressed. In many cases, individuals who attempt or complete suicide are also plagued by interpersonal or job-related stressors, financial worries, or community violence, just to name a few factors. This is why one of the public health strategies that can be used is to offer suicide prevention training on a wide scale."

A variety of evidence-based programs, such as Question, Persuade, and Refer (QPR) and Mental Health First Aid, offer suicide prevention training to interested people, reports Dr. Gonzalez. The QPR Institute's training course provides brief instruction to laypersons and professionals on recognizing warning signs for suicide and referring people for help.[4] Similarly, Mental Health First Aid, sponsored by the National Council for Mental Wellbeing, offers instruction on identifying and assisting people experiencing mental health, substance use, and suicidal crises. Program participants come from all backgrounds, including adults, teens, caregivers, school faculty, emergency medical services personnel, military veterans, and law enforcement.[5]

Admittedly, suicide can be a difficult or uncomfortable topic for people. "We still have stigma and discrimination around the issue of suicide," acknowledges Dr. Reidenberg. "The topic scares people. They don't want to think about it, talk about it, or want to believe it could happen to someone they know or someone they care about or love. While people are talking about suicide more than in the past, many people are still afraid of the topic. They also [may] shun those that have lost someone to suicide. This [attitude] complicates the public health crisis as well."

Risk Factors for Suicide

Learn to recognize warning signs that someone may be at risk[10]:

- Talks about dying
- Has experienced recent loss (e.g., through death, divorce, separation, or self-confidence)
- Shows changes in personality or behavior
- Experiences unhealthy changes in sleeping or eating habits
- Loses interest in their usual daily activities (e.g., school, work, or hobbies)
- Withdraws from friends and family
- Increases their substance use
- Has previously attempted suicide

Like other programs, Minnesota-based SAVE offers professional development, training, and continuing education on suicide prevention for health care professionals, hospitals, schools, veterans organizations, businesses, and other groups. Their training includes a certification program for anyone who wants to share safe, responsible messaging about suicide prevention. Accordingly, community suicide prevention training can provide vital connections and improve outreach to at-risk individuals.

Life Support

Individuals with any serious mental illness, substance use disorder, clinical depression, anxiety disorder, or suicidal ideation and behavior can receive mental health treatment and services from a range of health care professionals. These include psychologists, psychiatrists, licensed clinical social workers, and other health care practitioners. Primary care providers also play a key role in reducing suicide risks.

"About one-third of those who die by suicide had contact with the primary care system in the month before they died," remarks Anthony R. Pisani, PhD, associate professor of psychiatry and pediatrics at the University of Rochester Center for the Study and Prevention of Suicide and founder of SafeSide Prevention. "That differs by age group with a greater percentage of older Americans and a smaller percentage of adolescents seen in primary care in the month before they died. As we know, screening for depression—and increasingly for suicide risk—is becoming more common in primary care. But with increased screening, there is also more need for primary care professionals to be prepared to respond if there is a positive screen for suicide risk. Screening helps only if the response is [proficient], and people are glad they shared with their primary care team."

This fact speaks to the opportunities in primary care to identify and offer treatment to at-risk patients and also to the need to improve the ability to do so in a timely and effective manner. "Primary care is a key setting for suicide prevention, but there are challenges," says Dr. Pisani. "The biggest challenge primary care offices face is time. There are a lot of competing demands. However, there are ways within the demands and constraints of primary care for professionals across roles and disciplines to really help."

As the main entry point into the health care system, Dr. Pisani suggests primary care providers recognize they can play an expanded role in suicide prevention. "I prefer not to refer to primary care providers as 'gatekeepers' as if their only job is to identify somebody and try to get them to a referral," he says. "Referrals are important, but they're not the only help primary care professionals can offer."

Accordingly, Dr. Pisani identifies four core tasks in suicide prevention:

1. Making a connection with the individual
2. Assessing and understanding suicide concerns
3. Responding to the person, learning what is driving their concerns, and making plans with them
4. Extending their care beyond the individual to a broader support network, including mental health specialists for continuing care

"The first task is to connect with people, which means, when asking someone directly about suicide, making sure they feel you really want to know and are able to handle their response," says Dr. Pisani. "Most primary care providers have strong basic connection skills, but when suicide comes up, there's so much anxiety around the topic that it can be hard to stay connected. Suicide can make anybody feel unskilled. We don't want anything to happen to the person. And beyond this primary concern for the person's life, most of us worry about ourselves [and may wonder,] 'If something does happen, will I be blamed or sued?' "

To address these challenges, SafeSide Prevention offers video-based training modules that primary care, behavioral health, and youth services teams work through together—providing opportunities to not only build skills but also have team discussions about challenges specific to the setting and population they serve.

"Screening tools are helpful in primary care, but they need skillful follow-up," adds Dr. Pisani. "Understanding the context and understanding whether [suicidal] thoughts have been occurring for a long time or are new is [vital]. While most primary care professionals are not going to conduct a full risk assessment, it is important for them to understand what goes into one and be conversant in understanding models for suicide risk."

Beyond referrals, even a primary care physician's simple initiative could sometimes make a difference to a patient in crisis. "We have a member of our team, a middle-aged man who was very close to taking his own life," recalls Dr. Pisani. "But he revealed this to his primary care provider, and she

responded beautifully. One of the things that she did was make a series of appointments with him in a relatively short period. It's often not feasible for providers to have very long, extended visits with people. But having multiple short visits sometimes is possible, and in this case, it was probably lifesaving."

Screening Recommendations

The U.S. Preventive Services Task Force (USPSTF) recommends screening for early detection and treatment of mental health and substance use disorders in the primary care setting. Unfortunately, behavioral health screening rates in community-based physician practices are low.[6]

"The most important thing we can do now is implement the universal use of screening tools," says Dr. Gonzalez. "Family medicine and primary care settings that follow the USPSTF should be aware that depression screening is a grade B recommendation for all adults 18 years of age and older and adolescents aged 12 to 18." The USPSTF assigns one of five letter grade recommendations (A, B, C, D, or I) to clinical preventive services, with grades A and B being the highest level of recommendation, based on reviews of available evidence. The grade B recommendation indicates high certainty of a moderate or substantial patient benefit in providing a clinical service.[7]

As Dr. Gonzalez explains, a useful starting point in screening for depression and other mental or behavioral health disorders is the multiple-choice Patient Health Questionnaire (PHQ). The PHQ includes an initial prescreen (or PHQ-2) with two questions about how often the person has experienced a depressed mood and or anhedonia, the loss of pleasure in things they once enjoyed, over the past two weeks. This initial screening can be followed as needed by the PHQ-9, a longer instrument that looks at the severity of depression symptoms. The PHQ-9, in particular, includes a question about thoughts of suicide.[8]

"The PHQ-9 can be self-administered by the patient, or it can be administered by a medical assistant," says Dr. Gonzalez. "For medical assistants, [the PHQ-9] can be instrumental in making sure all eligible patients receive screening and in working with their clinician to make sure further assessment is done in those patients that screen positive. They can also assist with the important task of follow-up."

When identifying mental health problems at the primary-care level, an interdisciplinary collaboration among providers is integral to the patient's ongoing care and treatment, explains Dr. Gonzalez. Indeed, collaboration can be especially critical for patients with risk factors for suicide.

"As a mental health professional, my first charge is to assess the degree of imminent risk in a patient," explains Dr. Gonzalez. "I want to make sure that I know where the patient is at and that I can match them with the appropriate level of care. Then I'll continue to monitor that patient's symptoms, work with their care team, which may include their primary care clinician or psychiatrist, and then assess that risk throughout the course of treatment."

With her experience working in family medicine settings, Dr. Gonzalez recognizes the value of close collaboration among providers. "Besides routine screening, I've found that interprofessional collaboration is vital to both identifying and providing care for people with mental health conditions," she observes. "If you're fortunate in your practice to have an interprofessional or interdisciplinary group, a warm handoff will go a long way to demonstrate to the patient that they have a team of clinicians who are really committed to [the patient's] overall well-being."

When a primary care or family medicine clinic does not have a mental health professional on-site, Dr. Gonzalez recommends the practice take steps to develop relationships with local professionals who can serve as referrals. "When we are talking about referral sources, I would add that it's also important to understand what those referral sources are doing in terms of their trauma-informed care approach," says Dr. Gonzalez. "For example, we know there is a relationship between adverse childhood experiences, or ACEs, and trauma and the risk for suicide. For this reason, I always like to know a little about their approach to trauma-informed care."

Bolster Early Detection

For many individuals struggling alone with feelings of hopelessness or suicidal thoughts, early detection can be vital in steering them into treatment and recovery. This may be especially true for young people with depression and substance use disorders.

"We know that both depression and substance use disorders often occur together and are highly correlated with death by suicide," says Dr. Gonzalez. "One of the reasons alcohol intoxication, in particular, is such a big risk factor is [that] it decreases inhibitions, increases impulsivity, and affects judgment. In addition to that, substance use also increases depressed moods. That is why it's so important, particularly when we're talking about youth and young people, that we detect mental health and substance use disorders as early as possible and provide timely treatment."

Unfortunately, the stigma surrounding

Resources for Medical Assistants

The Medical Assistant FASD Practice Improvement Collaborative offers a valuable, free series of resources to medical assistants referred to as *Walk and Talks*. These downloadable products, which can take the form of posters, folded cards, and scripts, help medical assistants maximize the limited time they have with patients during appointments. Even a brief walk from the waiting room to the examination room is an opportunity to begin a dialogue and share a crucial reminder about excessive alcohol use and suicide risk. Visit the group's website to learn more: https://fasdmapic.org/products/.

> "The best advice I would give medical assistants is to slow down when working with patients with mental health concerns. It's not about getting the patient in and out as quickly as possible. The patients want to feel like they are important to you. And they should be important to you. With mental or behavioral health issues, they are dealing with something that a lot of people don't understand. So, it's important ... to take time to get to know the person. Build a rapport. I've been at this particular clinic for three years now, and most of the clients will ask for me by name. It's also important to be nonjudgmental. You're going to encounter people that might not have the same beliefs as you, but that doesn't make their mental health any less [significant]."
>
> —Jennifer McCabe, CMA (AAMA)

suicide and mental health issues can hinder timely, professional treatment. "When it comes to mental health, we have seen some improvements in reducing stigma," says Dr. Gonzalez. "But there's still a lot of self-stigma that serves as a really significant barrier to help-seeking behavior. If we're talking about both mental health and substance use disorders, we know … that stigma is even greater [with substance use]. So, tip No. 1 would be to encourage folks to be willing to talk about this. We should also be willing to use clear language [and] to not be afraid that if we ask the question, 'Are you thinking about killing yourself?' that [doing so] is going to put the idea into that person's mind. We need to be able to have those open conversations."

In terms of lessening stigma, health care teams should also be sensitive to how they refer to patients with a mental health diagnosis, advises Dr. Gonzalez: "We need to think about how our language affects our interactions with others. The use of person-first language is really important, for example. We don't [say] 'schizophrenic people' or that a person is bipolar; we talk about a person living with schizophrenia, a person with depression, or a person with a substance use disorder."

Medical assistants working in mental and behavioral health settings should make it a priority to support a clinic environment in which patients feel comfortable opening up and discussing their mental health challenges without shame or judgment. "Unfortunately, we still see a stigma surrounding mental health," says Lindsay Vander Male, CMA (AAMA), a staff member at Spectrum Health Medical Group Psychiatry and Behavioral Medicine in Grand Rapids, Michigan. "A lot of people don't even come forward for help because of the stigma and anxiety surrounding what people might think of them. But the further we can go in getting stigma about mental health care out of our lives, the more we talk openly about these issues without having it be hushed or embarrassing. I believe it will make a huge difference."

Vander Male also encourages medical staff to understand patients' perspectives on their mental health experiences. "As a liaison between the patient and the [physician], we're asking questions and collecting information," she says. "We're kind of that front line for the provider, so we're in a position in which we might pick up on nonverbal cues that the provider should know about. That's why trust is so important. You want to be able to build rapport and trust with the patient, so they feel they can talk to you. It's especially important to be empathetic to the patient and to have some knowledge of the difference between empathy versus sympathy. Even if someone calls on the phone in crisis, you want to interact with them in a way where they feel they made the right decision calling your office—where they say to themselves, 'I know I can get help there.' "

Education on mental health issues is key, adds Summer Bickford, CMA (AAMA), who works in rapid response services for a community mental health center in Manchester, New Hampshire. "As a medical assistant, the first, most important thing always is to educate yourself on suicide, substance use, schizophrenia, bipolar disorder, or other conditions," says Bickford. "The more education you can absorb on these conditions, the more comfortable and confident you will feel in helping someone who is asking for help. It's also important for us to understand what people are going through. At the end of the day, we go home, but for people who are suffering, that is just their constant. While it's important to be able to identify and understand the warning signs of suicide, you also have to be perceived as a compassionate, trustworthy person for someone to feel like they can open up about their mental health."

Look Closely: Vision for the Future

Notably, the CDC reports the suicide rate increased by 30% between 2000–2018.[1] Yet, for complex reasons, the stressors associated with the COVID-19 pandemic have not led to an overall increase in the suicide rate.

"Based on the latest data from the CDC, overall suicide rates have decreased by 3% from 2019 to 2020," says Doreen Marshall, PhD, vice president of mission engagement for the American Foundation for Suicide Prevention. "We did, however, see increases for young adults and marginalized communities, including Black, Native American, Hispanic, and LGBTQ people."

Whether this trend signals a reverse in the upward trend in suicides in recent decades remains to be seen. But mental health advocates are hopeful that new and ongoing efforts to promote strategic public health approaches to suicide prevention will yield increasingly positive results over time.

"Suicide is a complex public health problem, so we must ensure that a comprehensive approach to suicide prevention occurs in community-based settings as well as health systems," says Dr. Marshall. "This involves ensuring prevention activities and interventions are effective and culturally relevant for the community being served." As part of this comprehensive approach, the American Foundation for Suicide Prevention is leading Project 2025, a nationwide initiative that seeks to reduce the suicide rate 20% by 2025. Using evidence-based practice, Project 2025 has identified four key areas (firearms, health care systems, emergency departments, and corrections systems) con-

sidered critical to lowering the suicide rate.[9]

"One of the major initiatives we're supporting as part of this effort is the national rollout of 988," reports Dr. Marshall. "This is a move to a three-digit [phone] number to access the National Suicide Prevention Lifeline, similar to the way 911 can engage emergency support. The implementation of 988 provides an opportunity to reform and improve our nation's mental health crisis response system. [988] is an essential component of a strong health care system. We're also advocating for leaders in health care and policy to implement new suicide prevention strategies, offer accessible mental health care, and make these resources available to all communities."

For suicide prevention advocates, the challenges are persistent and require engagement at medical, government, community, and individual levels. "I believe we all can play a role in suicide prevention," concludes Dr. Gonzalez. "This is true not only as health care professionals but as members of communities. Everyone needs to be educated about the risk factors for suicide."

Dr. Gonzalez also offers a critical reminder. "We have to look at attempted suicide for what it is, which is a cry for help," she says. "It often occurs in moments of desperation and can certainly be compounded by things like substance use and being disinhibited. The most important thing to know is that once a person has made an attempt, their risk of making another attempt or completing suicide gets even higher. This [risk] is why we

If you or someone you know is thinking about suicide, call the Suicide & Crisis Lifeline:

988

have to make sure that people have access to treatment and support, crisis lines, and other resources. We also have to look at some of the community and familial factors. What does their support system look like? What sort of stressors do they have? While we may not be able to influence those, it's important for us to understand that they are at play and to provide an opportunity for the person to talk about these stressors."

While the topic of suicide is a somber one, it is not one without hope. In fact, people who survive a suicide attempt or struggle with suicidal ideation can go on to live healthy, functioning lives. "We don't want people to think or believe or feel for one moment that—just because they've become suicidal, or they've [made] an attempt—their life is over and they can't make it," concludes Dr. Reidenberg. "There's always hope for people no matter how they struggle."

With improved access to mental health treatment services, public health awareness, education, and support from friends, family, and community, it is possible to nurture the spirit of hope, recovery, and resilience necessary to counter the suicide crisis in society. ✦

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Suicide Prevention

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T F

☐ ☐ 1. Because of the increasing awareness of suicide's prevalence, the behavioral health screening rates in community-based physician practices are now high.

☐ ☐ 2. Financial problems, work-related stress, community violence, family conflicts, and social determinants of health can be contributing factors to suicide.

☐ ☐ 3. Depression screening by primary care providers is becoming less frequent because of the danger of a primary care provider missing a positive screen for suicide risk.

☐ ☐ 4. While the overall rate of suicide decreased since the beginning of the COVID-19 pandemic, the rate of suicide for people in marginalized communities increased.

☐ ☐ 5. Primary care providers—as well as health care professionals such as licensed clinical social workers, psychiatrists, and psychologists—play a crucial role in suicide prevention.

☐ ☐ 6. In the United States, suicide is the leading cause of death for people ages 10 to 34.

☐ ☐ 7. Although progress has been made, stigma related to suicide still exists, and some people do not like to talk about it.

☐ ☐ 8. A medical assistant should not administer the PHQ-9 assessment instrument for measuring the severity of depression symptoms because it requires clinical evaluations.

☐ ☐ 9. *Suicidality* is defined as suicide or suicidal actions, plans, or thoughts.

☐ ☐ 10. Medical assistants are valuable frontline professionals because they could notice nonverbal cues that will help the overseeing provider evaluate a patient.

T F

☐ ☐ 11. Even though a correlation exists between substance use disorders and drug overdoses, no demonstrated correlation exists between substance use disorders and suicide.

☐ ☐ 12. An effective strategy for primary care providers treating patients with suicidal thoughts is to schedule several appointments with the patient in a short time span.

☐ ☐ 13. Individuals who have had adverse childhood experiences and trauma are at a higher risk for suicide.

☐ ☐ 14. Car accident fatalities and homicides are more common than deaths by suicide.

☐ ☐ 15. Asking a patient, "Are you thinking about killing yourself?" is not a good way to screen for suicidality by a health professional because it could put the idea of suicide into that patient's mind.

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Do You Believe in Magic?

MEDICAL ASSISTANTS RECOGNITION WEEK

AMERICAN ASSOCIATION OF MEDICAL ASSISTANTS

Providers and Patients Recognize How Marvelous Medical Assistants Can Be

By Cathy Cassata

Medical assistants are diverse and dazzling in many ways, from their abilities and specialties to their personal backgrounds. These qualities bring spellbinding benefits to the providers they assist and the patients they care for. While scheduling appointments, processing insurance, rooming patients, taking vital signs, documenting medical histories, assisting providers with various tasks, and beyond, medical assistants display a wide range of skills crucial for the health care setting. In celebration of this Medical Assistants Recognition Week, providers and patients express their gratitude for all medical assistants who use their magical touch to keep practices running smoothly and efficiently.

Providers Say the Magic Word: Thank You!

My medical assistants enhance the patient experience, not only with their clinical knowledge but with their dedication to building rapport with patients. As an integral part of patient care, they ensure my patients are comfortable before I set foot in the examination room. During busy times, including when we're short on staff, my medical assistants are always willing to work with me to find effective solutions to keep the office running smoothly. I am thankful for their patience, flexibility, skill set, and drive to always learn more.

Evan Tobin, MD
Otolaryngologist in Columbus, Ohio

I've been in practice for 30 years and currently offer patients concierge care, a much more relaxed, personal, and comprehensive style of medicine. My CMA (AAMA)® was instrumental in the transition from traditional practice to concierge medicine. She has complementary skills to mine, allowing us to take excellent and competent care of patients. Her training and experience also help her manage OSHA [Occupational Safety and Health Administration], CLIA [Clinical Laboratory Improvement Amendments], and safety issues, communicate with patients before and after visits, expertly room patients, perform blood draws, [and] manage laboratory tests and inventory. Best of all, she has an uncanny ability to build rewarding relationships with patients—the cornerstone of concierge medicine.

Stephan Burgeson, MD
Internist in St. Paul, Minnesota

In today's health care setting, time is of the essence, and I have to see more patients in order to keep the doors open. My medical assistants make this possible because they are an extension of me. They help navigate time-consuming work, from handling administrative duties to contact with patients, ensuring the day goes smoothly so that I can focus on aspects of my job that only I can perform. Caring for people's feet requires trust, and my medical assistants ensure that patients are comfortable with them when it comes to responsibilities like examining their feet and cutting their toenails. I appreciate my medical assistants' attentiveness and ability to anticipate what I need next, which saves me time and allows me to treat my patients faster. Without medical assistants, the workday would not be possible. They are a crucial part of the health care team.

Trenton Prioleau, MD
Podiatrist in Columbia, South Carolina

Practicing medicine takes an entire team. We couldn't deliver high-quality care across our dermatology clinics without the service and dedication of our medical assistants. They scribe for us, allowing more one-on-one time with patients and making it easier to focus directly on the patient, complete our examinations, and provide patient education. I am grateful for the amount of hard work medical assistants put into each day, especially during these hard times with COVID-19, staff shortages at various clinics and hospitals, and the increasing rate of health care needs.

Michele Holder, MD
Dermatologist in Menasha, Wisconsin

Patients Enchanted by Medical Assistants

My daughter Ava is 16 months old, and in January, she began having upper respiratory issues that continued through April. After taking her to the pediatrician a bunch of times, they were unable to determine what was going on, so we visited an ENT [(ear, nose, and throat) physician] who conducted an allergy scratch test and examined her ears. That day, Ava had a seizure unrelated to allergies. Ultimately, the [physician] determined she wasn't experiencing allergies but had a middle ear infection. Through this stressful process, the medical assistant at the ENT office was so helpful. Her attention to detail made me feel comfortable and informed. She welcomes all my questions, and best of all, she's a [wonder] when it comes to scheduling. We had a situation where Ava's temperature spiked to 104 quickly. When I called the ENT office in a panic, the medical assistant was empathetic, accommodating, and ensured we got in right away.

Joshua Schwartz
Columbus, Ohio

I've been going to the same otolaryngologist office since 2013 for help with my sinuses. Almost every time I visit, I get to interact with the medical assistant. Over the years, we've built a trusting relationship. She always welcomes my questions. Anything I ask, she answers right away or gets the [physician's] response, if necessary. When she rooms me, I know she'll gather all the particulars and important information like medications I'm taking and symptoms I'm having, so the [physician] is filled in when he sees me. During our visits, I never feel like just another number. She even finds time to chitchat about life outside the [physician's] office, which puts me at ease and makes the overall experience more pleasant.

Carol Yenichek
Baltimore, Ohio

I have to visit my podiatrist every two months because I have ingrown toenails that grow fast and need to be cut frequently. The medical assistant I see is always professional. I can count on her to explain everything really well, so I understand what's going on. Although I'm sensitive about who cares for my feet, I'm confident that she'll cut my nails properly and that the process won't be painful. For extra assurance, the [physician] always reviews her work. They make a great team that I can rely on to give me the best treatment possible. Since I can't go to a salon and get a pedicure, visiting the podiatrist's office is the next best thing.

John Mender
Columbia, South Carolina

To get treatment for my acne and eczema, I have seen the same dermatologist for over 10 years. The medical assistants at the office make sure my visits are a good experience. They are detail-oriented when it comes to documenting my allergies, medications, and concerns and always explain the [physician's] directions in a way I can easily understand. Head-to-toe skin examinations can be uncomfortable, but the medical assistants have a knack for putting me at ease. They ensure appointments stay on time, and if the [physician] is running behind, they make it a point to communicate that with me. From check-in to checkout, the medical assistants remain courteous and respectful.

Danielle Berenz
Appleton, Wisconsin

Bad Influence

If you've used social media in recent years, you may have seen posts from people claiming to be fitness or nutrition experts, offering tips and products to get in "the best shape of your life." There's reason to be skeptical of these influencer accounts, according to Jumpstart by WebMD.

To protect yourself from potentially manipulative social media posts and cash grabs, be discerning:

- Ask yourself whether the influencer is qualified in fitness or nutrition, and research their credentials.
- Look for data and evidence to support their claims, not just their personal experience.
- Avoid assuming that posing next to a product means the product is responsible for the influencer's fitness level or that the product is safe.

Even with those precautions, remember to consult a trusted health care provider if you have fitness or nutritional goals. Though they may not have thousands of followers on social media, you can trust that they will help you subscribe to healthy choices.

Nutrient Investment

Do you need supplements to boost your nutrient intake? Researchers examine nutrient deficiencies and when a multivitamin might be helpful in *Harvard Women's Health Watch*.

In most cases, a balanced diet with a healthy mixture of food groups should prevent nutrient deficiencies. Factors such as advanced age, pregnancy, digestive issues, and some medications can change the equation and make the use of a multivitamin beneficial.

Vitamin D, iron, vitamin B12, and calcium are among the most common culprits for deficiencies, though symptoms from deficiencies can be subtle and are an imperfect gauge. If you have concerns about potential nutrient deficiencies, you should speak with your physician. They can better determine whether your risk factors warrant blood work to test nutrient levels.

With or without the help of supplements, a balanced diet is the gold standard for safely packing in nutrients. ✦

Aging in Place

88% of adults ages 50–80 would prefer to age in place, a term used to describe "living independently, safely, and comfortably in one's home for as long as possible," according to the National Poll on Healthy Aging from the Institute for Healthcare Policy and Innovation.

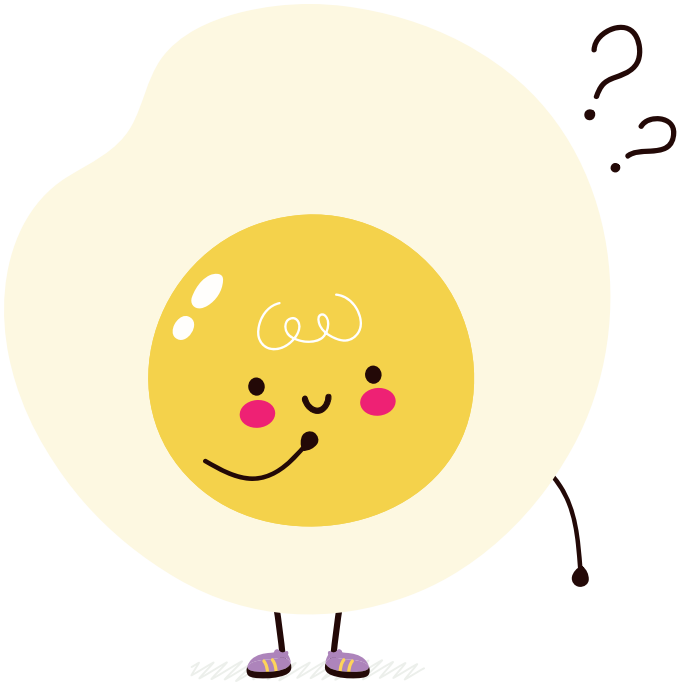
While the desire to age in place is understandably high, the study also found that only 15% had considered the necessary home modifications for aging in place, and 47% had given it little or no thought.

Those who wish to age in place should consider two major factors:

Home features. Will the home's features allow for safely aging in place? Examples of accessible features include a first-floor bathroom outfitted with the necessary grab bars and a barrier-free shower, doorways that can accommodate wheelchairs passing through, and an accessible home entry. Excessive clutter can also make an otherwise accessible home perilous.

Social support and assistance. Is there someone who can assist with household chores, grocery shopping, and other important tasks as they become less manageable? Help may commonly come from friends and family, hired assistance, or a combination of the two. Additionally, local organizations are great for connecting older adults with resources and services. Family members and friends can help facilitate that connection.

The gap between the desire to age in place and preparedness to do so is stark. A little planning today can help ensure that you and your loved ones are prepared to meet the needs of tomorrow.



Protein Proficient

Think you need an abundance of protein for a healthy lifestyle? It's time to rethink your approach, according to Mayo Clinic Health Letter+.

Protein needs can indeed vary based on factors such as weight, lifestyle, and age, but many people are already meeting their protein needs. The general recommendation is that 10–35% of daily calories—or about 50–175 grams (1.79–6.25 ounces) in a 2,000-calorie diet—should come from protein. Spreading out protein intake throughout the day rather than overloading in the evening is recommended. About 15–30 grams (0.54–1.07 ounces) of protein at each meal are sufficient.

Mayo Clinic offers targeted guidelines for daily protein intake:

- **Sedentary adults:** 0.8 grams (0.03 ounces) per kilogram (2.2 pounds) of body weight
- **Adults who exercise regularly:** 1.1–1.5 grams (0.04–0.05 ounces) per kilogram of body weight
- **Adults ages 40 and older:** 1–1.2 grams (0.04 ounces) per kilogram of body weight

While you want to make sure your protein needs are met, don't go overboard. Too much protein is linked to elevated blood lipids, heart disease, and kidney strain. ✦

LEFT TO OUR OWN DEVICES

Overcome Tech Failures without Blowing a Fuse

By Pamela M. Schumacher, MS, CCMP

Technology failures happen every day—batteries die, products expire, and electronics are mishandled or even accidentally damaged. When it happens at home, a tech failure is usually just a minor annoyance, but in a busy physician practice, these occurrences can mean schedule disruptions and necessitate work-arounds, maybe even putting patient safety at risk. Backup plans and training can help practice staff cope quickly and efficiently with tech glitches and ensure the patient experience does not suffer.

"There are multiple opportunities for tech to fail throughout the course of a patient's visit to the office. Common ones are the electronic health record [EHR] system goes down, the wireless or wired network is out, charged items or electronic tools lose their charge, or diagnostic equipment fails," says Ron Holder, MHA, FACMPE, FACHE, CAE, chief operating officer at the Medical Group Management Association in Englewood, Colorado. "Many of the potential technical failures boil down to something failing that was meant to make aspects of the visit more efficient, but it doesn't mean the visit can't proceed."

CPR for EHR

Electronic patient documentation systems are the heart of any practice, so the effects of EHR downtime can be extensive. A 2019 study found that laboratory testing results were delayed by 62% on average during EHR downtime and that downtime paper records were often inconsistent or incomplete.[1]

"Just because you can't access the electronic medical record doesn't mean you can't see patients," says Holder. "However, the visit may require repetition or a more time-consuming review of allergies, past medical history, and procedures."

"We deal with EHR outages by relying on our contingency plans," says Brittany DeLoach, CMA (AAMA), a medical assistant with Mama Doc Pediatrics in Statesboro, Georgia. "First, we assess the situation to understand what is going on and how big the issue is. Then we report the problem to our service provider or representative. They can usually give us a timeline for when it will be fixed. If possible, we print the patient schedule at the beginning of the day. Then we determine what procedures patients will need and what the backup plans are—are testing, finger sticks, [or] blood draws [required]? We make sure we have paper charts handy and everyone knows how to use them. We also alert the physicians as to what the process is going to be for the day."

Baylor St. Luke's Medical Center, a teaching hospital in the greater Houston area, pioneered one method to deal with EHR failures. Dubbed the Badge Buddy program, it uses double-sided reference cards affixed to badge holders outlining the process to follow when the EHR is down based on the acronym *CLEAR*[2]:

- **Check** and **communicate** the problem
- **Locate** the system downtime plans and downtime carts or kits
- **Establish** alternative patient care continuity processes
- **Activate** the information technology downtime plan and document information
- **Recover** by entering data back into the electronic environment after the downtime

In the past, downtime protocols relied primarily on paper versions of a practice's clinical documentation and workflows.

However, some EHR system vendors now allow practices to locally store documentation that the cloud system can reconcile once downtime has ended.[1] Practice managers should ask their EHR vendor if this is an option.

Hard Drives

Tech failures can also occur in wearable devices that gather patient information during a practice visit.

"We often do our own troubleshooting when wearable tech fails," says DeLoach. "For instance, if it's the hearing screening machine or the pulse oximeter, we try to fix them and contact a specialist if we can't get them to work. Other times, we revert to the old-school method, which we did for eye screening. The machine conked out, and we couldn't get it fixed due to supply chain issues, so we started using a printed eye chart. This [screening] was critical because our 4-year-old patients needed vision tests to start kindergarten."

"Recognize that wearable tech failures happen," says Holder. "Instead of complaining to the patient that the electronic blood pressure machine is down, turn it into a positive that allows for more interaction with the patient. … Also, depending on the technology and the information being measured, the patient may be able to self-report data later, such as during a telehealth visit."

Keep Calm and Carry On

Telehealth use expanded dramatically during the pandemic, but not every patient is well-equipped for a video visit. Some patients lack an adequate computer or sufficient internet speed. Others have difficulties understanding how to use the technology (especially if they need to download a new app).[3]

"Tech failures in telehealth can be a little trickier to address as they can be a failure on the patient's end and not the practice," says Holder. "Patience is key, and trying again later is something that may have to happen if the failure can't be diagnosed and remedied quickly."

Here are a few tips to help patients head off telehealth tech failures[3]:

- Send a form letter via email or by post to patients before their appointment, asking them to test their device to see if it supports the telehealth platform.
- Outline brief instructions for using the platform and remind the patient to stay close to a reliable internet connection during the visit.
- Include options for what to do if the technology fails the day of the visit, such as rescheduling or converting to an audio-only phone visit if the patient cannot access video.
- Address patient issues that do not require video through online digital evaluation and management by sharing text messages, photos, or prerecorded video through a patient portal or other secure platform.
- Ask patients to submit vitals such as weight and blood pressure before the telehealth visit.

Power Up

"One of the best ways to create a backup plan for tech failures is to walk through a mock patient visit as if a new employee is being trained. Every time you say, 'Next, we do this,' ask yourself, 'But what if we can't?' This leads to planning for almost every contingency that would need to be accounted for during a visit," says Holder. "You can be as thorough or brief as you like in this, but this exercise helps staff prepare for many situations.

"At the end of the day, remember to take tech failures in stride," advises Holder. "If you are upset by something not working, the patient is more likely to be also. If you are calm, the patient is likely to feel the same. Patients use technology and have experienced their own tech failures. They understand that these things happen." ✦

What Ya Gonna Do?

Haunted by tech issues? Use these glitch busters[4]:

- Practice good communication. Inform your staff members and patients when the system is down.
- Train all staff before it is needed. Cross-train on both electronic and paper documentation. Additionally, new hires should know how to chart on paper.
- Have written manuals and contingency plans readily available that clearly explain the process of shifting from electronic to paper to avoid frustration and panic.
- Have batches of folders available for manual documentation and store them in accordance with HIPAA regulations if an EHR system is down for longer than a few hours.
- Avoid neglecting other critical functions, such as ordering medications and laboratory tests. Provide paper prescription pads, order requisitions, and other key resources at the point of care to ensure all workflows are covered in the event of EHR downtime.

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All in Good Time

Strategies for Making the Most of Each Minute

By John McCormack

Staying on top of a heavy workload is a common concern, affecting people from all walks of life. For example, Kimberly Scott, DBA, AHI, CMA (AAMA), a medical assisting educator at Keiser University in Fort Lauderdale, Florida, often cannot find enough hours in the day to complete the tasks on her to-do list.

While tried-and-true time management strategies can help, educators need to understand the unique challenges in academia that call for new kinds of time management strategies, according to Mary Ann Tobin, PhD, an assistant research professor and instructional consultant at the Schreyer Institute for Teaching Excellence at the Pennsylvania State University in University Park.

Lesson planning requires significant up-front time, as educators must determine what to teach and what materials they need.

Evaluating student performance is another task that eats up time. Unfortunately, many educators "tend to fall back on multiple-choice quizzes because they can be graded fairly quickly," says Dr. Tobin. "But depending on how they are designed, these quizzes may not be the most effective way to really see what students know."

Additionally, communicating outside of the classroom is a significant hassle in this digital age. Responding to scores of emails often becomes frustrating, especially when the students' materials already provide the answers to their questions.

Educators also need to ensure that all students meet expectations. For example, medical assisting educators must make sure "all students understand certain skills or techniques, such as venipuncture, injection administration, or electronic health record documentation," says Dr. Scott.

Learning modern technologies is another time-consuming task that bubbled to the top of the priority list when remote learning became the norm during the COVID-19 pandemic. Unfortunately, for educators unfamiliar with virtual classrooms and online platforms, the learning curve was steep, says Dr. Tobin.

The fact that many college educators are subject matter experts—and not necessarily trained in educational pedagogy—makes time management even more difficult. Additionally, many schools no longer employ departmental assistants who can manage administrative tasks and communications, points out Dr. Tobin.

Beat the Clock

Armed with an understanding of the challenges in the academic realm, educators can address time management with several unique strategies:

Provide what is needed up front. Educators can save time and cut frustrations by designing courses that give students everything they need on day one. When students have a better idea of course requirements and grading policies from the get-go, educators spend less time "reinventing the wheel or responding to last-minute requests for information," says Dr. Tobin.

More specifically, Dr. Tobin adds that including a frequently asked questions (FAQs) section in the syllabus can preempt a great deal of the back-and-forth communication between students and educators down the line.

Open the electronic door—on educators' terms. While creating a welcoming environment for students is crucial, educators need to set boundaries. For example, an email communication policy might state that if students have a question they want to ask, they must first look for the answers in the syllabus, refer to the FAQs, and ask another student before hitting the "Send" button. By requiring students to take these steps before reaching out via email, educators can significantly reduce the number of unnecessary questions coming in, Tobin points out. Educators, however, should establish these expectations in a caring manner.

"It's important to emphasize that everyone in the classroom is a human being. Acknowledge that we all have responsibilities, family obligations, and schedules. As long as teachers make that clear and emphasize that the information is already available, students are likely to support the policy," says Dr. Tobin.

Score to your advantage. "Students expect rubrics. They want to know how they're supposed to do things," says Dr. Tobin. Rubrics that clearly define expectations reduce the volume of incoming queries educators receive.

Some rubrics, however, are easier to use than others. Instead of using cumbersome rubrics that spell out exactly what will bring about each letter grade, educators should use single-point rubrics that describe only the highest level of performance. As such, educators and students focus on optimal performance and spend less time zeroing in on what is needed to achieve an A, B, or C. Educators find these rubrics easier to create and use because they no longer have to determine exactly how students are meeting many expectations.[1]

"This means there is less anxiety for teachers and students," says Dr. Tobin. "Faculty members who use single-point rubrics consistently report they spend less time grading, and their students get more out of the overall learning experience."

Make technology work for you. Learning management systems are typically chock-full of resources such as lesson plans, tutorials, and rubrics that educators can leverage. As such, faculty do not need to take the "time to make this stuff up themselves. They don't have to create entirely new lesson plans or rubrics when they already exist," says Dr. Tobin. "So, [these resources] really do make your time more effective. The more you can use that learning management system, the better it is for you and your students."

Use a cheat sheet. Educators often find themselves distributing the same information or answering the same questions repeatedly. Maintaining boilerplate responses in a word processing document can make it possible to increase efficiency, advises Tobin.

Plan regular meetups. When teaching courses online, educators should set dedicated time for question-and-answer sessions. "You need to build in those opportunities for communication that you used to have in face-to-face settings," says Dr. Tobin.

When addressing questions in a group, educators often answer a question for many students. By doing so, educators spend less time responding to one-off queries.

Just say no. "Learning to say no is a vital skill," says Dr. Scott. "Saying no can be perceived as a weakness, particularly among educators and health care workers. Saying no to extra responsibilities, positions, or nonessential opportunities, on the other hand, is critical to establishing work-life balance."

Keep policy talk on repeat. "Teachers need to be open and honest with students about what you can and can't do within the departmental or university policies," says Dr. Tobin. Reiterating grading and extra-credit policies throughout the semester can help reduce the onslaught of queries that often come in at crunch times, such as just before midterms or at the end of the semester.

Leave the cape at home. While adopting these time management tips can help, educators need to shift their mindset to achieve a better work-life balance.

"We romanticize the life of the educator and that we are always going to be available—that we're always going to be there for our students," concludes Dr. Tobin. "That is a noble goal, but it's an unrealistic expectation. We have lives."

By adopting strategies to use their time effectively, educators can achieve a balance that supports quality education for their students and boosts their personal well-being. ✦

Seize the Day

Everyone gets 24 hours a day. Here are some ways to make the most of them[2]:

- **Set priorities.** Creating a to-do list is a helpful way to prioritize tasks.
- **Use tools.** Planners, calendars, phone apps, wall charts, index cards, pocket diaries, and notebooks can help manage time.
- **Outdo procrastination.** People put off tasks for a variety of reasons. Perhaps the task seems overwhelming or unpleasant. Completing these unpleasant tasks first can sometimes bolster productivity.
- **Delegate.** Assigning responsibility for a task to someone else can free up your time for tasks that require your expertise.
- **Avoid multitasking.** Switching from one task to another is not a time-saver but instead results in a loss of productivity.[3]

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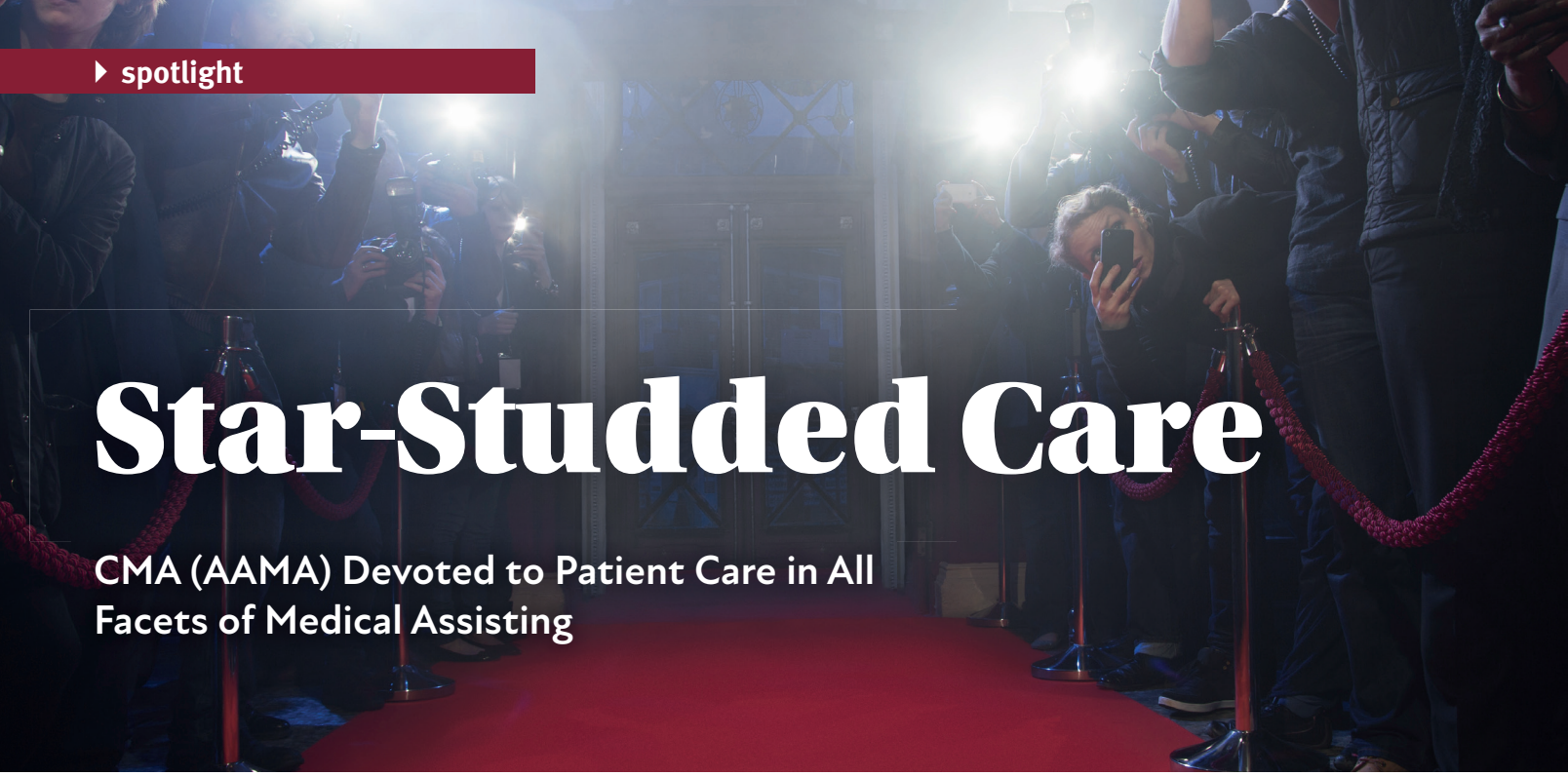


Star-Studded Care

CMA (AAMA) Devoted to Patient Care in All Facets of Medical Assisting

By Cathy Cassata

Nine years into his medical assisting career, Joseph Holub, CMA (AAMA), says his work life is more gratifying than he ever imagined.

"I never thought a kid from a small town just south of Milwaukee, Wisconsin, would ever work with some of the best [physicians] in the country or care for celebrities, government officials, and 9/11 heroes," says Holub.

As a child, he gravitated toward science and biology classes, and after high school, he decided to pursue the medical field. When he graduated from a medical assisting program in 2014, Holub landed a job at an allergy, asthma, and immunology clinic near his hometown, where he worked for two years.

"Then I moved to New York to be closer to my girlfriend, who's now my fiancée. We had been flying back and forth to visit each other, and it was time to move there for her and better job opportunities," says Holub.

He immediately landed a role with Schweiger Dermatology Group, one of the largest dermatology practices in the country. As a floater and head of biologics, he cared for various patients, including 9/11 first responders, such as police officers, firefighters, and iron workers.

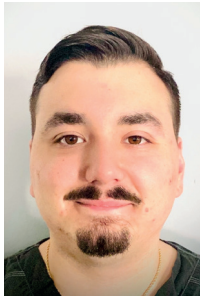
"A lot of them ended up developing different disease processes from being exposed to the dangerous materials at ground zero. Some ended up with skin cancer and were referred to the practice," says Holub. "It was an honor to care for these amazing men and women."

While in dermatology, he assisted with injectables on a celebrity YouTuber and female rap artist. When he transitioned to a head and neck specialty practice, he assisted in a surgical procedure on a high-level government official.

"With well-known people, it's a different experience [with] the way you [welcome] them into the office and examination room. It's done very privately and discreetly; oftentimes, they use a different name, and their medical chart is created elsewhere," explains Holub. "Otherwise, it's business as usual. They show up, and you go about what you normally do, including dealing with their insurance and making follow-up calls."

While in New York, Holub also worked in gerontology, gastroenterology, and internal medicine. In 2021, after his dad passed away, he and his fiancée moved to Wisconsin to be near family. "New York was amazing, but it does feel good to be home," he says.

He currently works in an administrative role for a home care agency that offers in-home nursing, physical therapy, occupational therapy, speech therapy, wound care, and IV care for homebound patients. He supports all the company's clinicians working in the field.



"I have seen over 200,000 patients in my nine years as a medical assistant and feel like clinically I have done everything I could at the top of my scope of practice," says Holub.

While he misses patient interaction, he believes he continues to impact patients' lives on the administrative side.

"In health care, a lot of times, the management side decisions are made without thinking about the full clinical picture of how it affects patient care and staff," says Holub. "There are a lot of things we can fix, and we need clinicians who are well-rounded like myself in administrative settings to further develop and work with the people who don't have that background or may not understand that side of it." ✦

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