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AMERICAN ASSOCIATION OF MEDICAL ASSISTANTS

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Medical Assisting Today

The Magazine for Professional Medical Assistants

Now with more CEUs!

Social Climber

Digital Marketing Strategies to Help Medical Practices Get Ahead

Published by the American Association of Medical Assistants®

What a Year!

It is hard to believe that a year has passed since I assumed the position of AAMA President in Orlando. While this year was challenging, with many changes, it was the most amazing and rewarding year both professionally and personally.

This past year, priority goals were set in accordance with the AAMA Strategic Issues Plan, which were met and announced during the 2024 AAMA Annual Conference in Grand Rapids, Michigan. Here are a few highlights:

The **Board of Trustees (BOT)** approved and released the updated AAMA logo during the conference. So, the Marketing Strategy Team, along with the AAMA Marketing and Communications Department, had new logo products available for on-site purchase.

The **BOT** approved the development of an AAMA podcast, which further promotes our organization to the public and key groups. They also announced the new AAMA website to be launched mid-November 2024. Much effort and time has been put into this project for AAMA members.

The **Career Professional Development Committee** developed two digital badge programs: *Assessment-Based Recognition in Medical Office Basics* and *Insurance Insights and Quality Measures*.

The **Leadership Development Strategy Team** provided three excellent virtual CEU sessions in 2024 for state leaders' growth. During the conference, the State Leaders session provided a panel discussion and a presentation on the fundamentals of mentoring.

The **Membership Development Strategy Team** increased the tangible membership benefits with Beneplace, and the *Medical Assisting Today* magazine has an additional 1 CEU available at no additional cost. The team created membership loyalty lapel pins, which are available for purchase via the AAMA website's store.

The **Social Media Committee** has been active this year engaging leaders and crafting posts to inspire others. During the conference, the committee interviewed attendees during a couple major events. Watch these Tiny Mic Interviews to hear conference highlights via any or all the AAMA's social media platforms.

Read the 2024 House of Delegates Packet, found in the members-only section of the AAMA website, for more details and accomplishments of all boards, officers, trustees, and national-level volunteer groups, as well as CEO Donald Balasa, JD, MBA.

The BOT worked diligently for AAMA members this past year. As 2023–2024 AAMA President, I am extremely appreciative of their dedication and the time they have put forth. They truly came together to make this year a success. I thank the AAMA staff for their dedication and CEO Balasa for his support and guidance this past year. I also want to thank the Society of Past Presidents for their wisdom and dedication to the AAMA.

Lastly, I want to thank the AAMA members for your confidence, support, and recognition of my leadership skills and vision. I am looking forward to working with 2024–2025 AAMA President Virginia Thomas, CMA (AAMA), in the year ahead as she continues enhancements to the future of the AAMA.

Monica Case, CMA (AAMA)

Monica Case, CMA (AAMA)
2024–2025 Immediate Past President

AAMA® Mission

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

CMA (AAMA)® Certification

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

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AAMA update

Have You Heard? The AAMA Has a Podcast!

In each episode, the AAMA will explore the various aspects of medical assisting, from essential skills and qualities that make a great medical assistant to the latest advancements and legal victories for the profession. We will interview subject matter experts, discuss real-life scenarios, and share practical tips to help you navigate the challenges and triumphs of the medical assisting profession.

In our inaugural episode of the AAMA Podcast, we speak with Donald Balasa, JD, MBA, AAMA CEO and legal counsel, about the current legal challenges and trends as they pertain to the medical assisting profession. ✦

Upcoming Planned Outage to Prepare for New Website

The new and improved AAMA website is coming soon! These big changes will require the current website to be down for some time in mid-November. Please take this into consideration if you are recertifying your CMA (AAMA)® or renewing your AAMA membership in November.

A Round of Applause

AAMA CEO and Legal Counsel Donald Balasa, JD, MBA, was awarded the first ever AAMA Trailblazer Award to recognize his extraordinary contributions to the AAMA.

The 2023–2024 AAMA Board of Trustees presented him this award at the 2024 AAMA Annual Conference. Known as the "Face of the AAMA," we thank CEO Balasa for his exceptional dedication, impactful leadership, unwavering commitment, trailblazing spirit, and diligent representation of the AAMA for 40+ years. ✦

FIND ALL YOUR FAVORITE CONFERENCE MOMENTS

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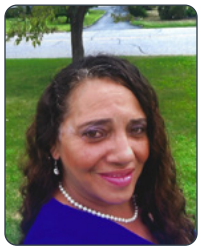
Standout Students

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



Elaine Booker graduates in November 2024 from Hunter Business School in Medford, New York. She looks forward to a career in which she can make a difference in people's lives.

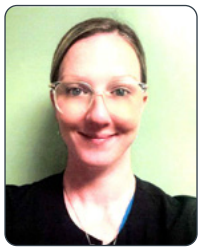
As a student, Booker is well-known for her passion for education and "genuine commitment to making a positive impact." Her program director praises her "exceptional academic performance, leadership qualities, and dedication to her community."

Shalimar Guillermo will graduate in January 2025 from Central Penn College in Summerdale, Pennsylvania. With a longtime dream of working in health care, Guillermo is excited to realize her goal of being on the front line of patients' clinical experiences. After overcoming challenges and with educational and professional experience spanning multiple countries and diverse roles, Guillermo looks "forward to the opportunity to be there for future patients and their families, offering them hope, compassion, and the assurance that they have a [medical assistant] by their side."

Her strong work ethic and commitment to education and attention to detail are praised by a professor. A colleague praises her "extraordinary people skills and exceptional empathy for others."

Monsurat Jimoh will graduate in May 2025 from Wake Technical Community College in Raleigh, North Carolina. Looking forward to continuing her education and making a difference, Jimoh plans to specialize in obstetrics and gynecology.

A friend highlights Jimoh's positive attitude and influence, adding that Jimoh shows kindness and compassion and is always willing to lend a hand. Further, Jimoh's program director commends her academic achievements and commitment, describing her as a "motivated and driven individual" who will "continue to excel in her endeavors and positively impact the lives of others in her future career endeavors."



Jaclyn Pullum will graduate in June 2025 from Harford Community College in Bel Air, Maryland. After completing the program, Pullum plans to find a fulfilling career with advancement opportunities. Her motivation comes from her two children.

An educator observes that Pullum excels not only in her studies, where she exhibits her eagerness to learn and active participation, but also in working with others. Pullum brings empathy and support to patient interaction and quality communication and collaboration to her peers. A coworker shares that Pullum goes above and beyond, "[taking] it upon herself to ask for more responsibility and [learning] how to be of better service to patients."

Kenadee Wiegel will graduate in April 2024 from Wisconsin Western Technical College in La Crosse, Wisconsin. Her goal after graduation is employment at a hospital where she can help "treat patients with the same kindness and caring [she has] demonstrated throughout [her] life."

As a high school student, Wiegel was known for her involvement in many activities, taking on leadership roles and prioritizing academics. Her current program chair praises her ability to learn new skills quickly and work well with other people, stating Wiegel "will be an amazing medical assistant. She has the knowledge base, motivation, and initiative to be a wonderful asset to any health care team." ✦

Best Practices for Practices

Protect Your Office by Employing Credentialed Medical Assistants

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

This article was originally published in the July/August 2006 issue of Medical Assisting Today *(formerly* CMA Today*) and has been updated from its more recent publication in the March/April 2015 issue.*

Increasing numbers of employers prefer to hire, or insist on hiring, CMAs (AAMA)® or, more specifically, medical assistants who have attained and maintained certification by the Certifying Board of the American Association of Medical Assistants. This article presents some of the legal reasons why employing CMAs (AAMA) is advantageous for all employers.

1. The delegating licensed independent provider (e.g., physician, nurse practitioner, physician assistant), the practice or clinic as a whole, and the medical assistant can be subject to disciplinary actions by the state if a medical assistant is delegated the following responsibilities:
    a. Any tasks that constitute the practice of a licensed independent provider or require the skill and knowledge of a licensed independent provider
    b. Tasks that require the exercise of independent clinical judgment, and/or the making of clinical assessments, evaluations, or interpretations
    c. Tasks that are restricted in state law to other health professionals—often licensed health professionals

    An example of the last point is physical therapy. Although some states—explicitly or implicitly—permit licensed providers to delegate very minor physical therapy modalities to competent and knowledgeable medical assistants working under their supervision, no state allows providers to delegate the full range of physical therapy to anyone other than a licensed physical therapist.
2. State disciplinary actions can result in fines and other criminal or quasi-criminal penalties for the delegating provider, the practice or clinic, and the medical assistant. Professional liability (malpractice) insurance policies, as a rule, do not provide coverage for violations of state or federal laws. These policies offer coverage in only civil matters, such as malpractice and wrongful death suits.
3. A medical assistant should never be referred to as a "nurse," "office nurse," or "doctor's nurse." In every state this is a violation of the Nurse Practice Act and can result in fines and penalties. All practice personnel should avoid referring to medical assistants as "nurses." If a patient addresses a medical assistant as a nurse, the patient should be corrected politely and pleasantly.
4. The delegating provider, the practice or clinic, and the medical assistant can be sued for negligence if the medical assistant does not perform a duty up to the standard of care of a reasonably competent medical assistant. The provider is potentially liable under the legal doctrine of *respondeat superior* and can also be liable under the theory of negligent delegation.
5. The fact that a practice's medical assistants are current CMAs (AAMA) is powerful evidence in a malpractice action. Having a staff of current CMAs (AAMA) can lessen the likelihood that providers will be held liable for negligent delegation.
6. The "standard of care of a reasonably competent medical assistant" is not necessarily the same in all parts of the United States. The standard may vary from state to state, or even from one region of a state to another. This is a compelling reason for employing CMAs (AAMA). The fact that the CMA (AAMA) credential is nationally accredited by the National Commission for Certifying Agencies (NCCA) can be used as evidence demonstrating that the CMA (AAMA) has met or exceeded the "reasonably competent medical assistant" standard in all regions of the

United States. In addition, the fact that a CMA (AAMA) must maintain currency to use the credential attests to the validity of the CMA (AAMA) credential and the competence of its holders.

7. A court may hold a CMA (AAMA) to a higher standard of care than a medical assistant who does not have the CMA (AAMA) credential. This is another reason why continuing professional education is so important for CMAs (AAMA) and why more employers are supporting the continuing education of their CMAs (AAMA).
8. A delegating provider, however, can also be liable for the negligence of a licensed professional, such as a registered nurse (RN) or a licensed practical/vocational nurse (LP/VN). Contrary to common belief, the provider is not sheltered from civil liability when delegating to a licensed professional. A health professional—licensed or unlicensed—can be held civilly liable for negligent acts. Likewise, a supervising and overseeing provider is responsible for the negligent acts of professionals to whom the provider delegates—whether such professionals are licensed or unlicensed.
9. An increasing number of malpractice insurance carriers are requiring medical assistants to have a professional credential, such as the CMA (AAMA).
10. The CMA (AAMA) is the only medical assisting credential that requires graduation from a postsecondary medical assisting academic program that is accredited by either the Commission on Accreditation of Allied Health Education Programs (CAAHEP) or the Accrediting Bureau of Health Education Schools (ABHES), or that is offered by an institution accredited by an accrediting body recognized either by the U.S. Department of Education or the Council for Higher Education Accreditation.
11. The CMA (AAMA) certification/recertification program is accredited by the NCCA, a national accreditor of certification programs. Accreditation is an attestation of the high standards of the CMA (AAMA) credential. The proven quality of the CMA (AAMA) can be beneficial in many legal contexts, including malpractice actions.
12. The "CMA (AAMA)" initialism is registered as a certification mark by the U.S. Patent and Trademark Office. The Certifying Board of the AAMA receives complaints against medical assistants who are unlawfully using the CMA (AAMA) credential and takes appropriate legal action.
13. Only those medical assistants who have earned and maintained the CMA (AAMA) may use the credential. Other medical assistants—such as Registered Medical Assistants (RMAs), National Certified Medical Assistants (NCMAs), Certified Clinical Medical Assistants (CCMAs), Clinical Medical Assistants-Certified (CMA-C), and National Registered Medical Assistants (NRMAs)—and their employers can be in legal jeopardy if they use the "CMA (AAMA)" initialism.

During this era of increasing litigation, all health care professionals should make sure that they and those they supervise have the education (initial and continuing) and credentials necessary to prevail against any type of legal challenge. Providers and other employers would be prudent to employ CMAs (AAMA), see to it that the CMA (AAMA) credential appears on name badges, and make sure CMAs (AAMA)—and only CMAs (AAMA)—are referred to as CMAs (AAMA). ✦

Questions may be directed to CEO and Legal Counsel Donald A. Balasa, JD, MBA, at DBalasa@aama-ntl.org.

MEETING OF THE MINDS

Think Through Strategies for Improving Meetings

by John McCormack

When Michelle Butler returned to campus for the fall 2024 semester, her calendar quickly filled up with meeting after meeting. And, while the first weeks of school are particularly heavy with such obligations, Butler, who serves as assistant professor and academic program administrator at Jefferson Community and Technical College in Louisville, knew that she would be juggling meetings with her student-focused duties all year long. In fact, she typically attends meetings on 4 of the 5 workdays each week.

"These meetings can be completely overwhelming sometimes and make it challenging to manage everything else that is part of our responsibilities and to take care of our students the best we can. Meeting overload is very real in the academic setting," says Butler.

Educational institutions are not anomalies. Meeting overload is a problem at health care provider organizations and in other industries as well. The average worker spends at least three hours weekly in meetings and wastes four hours preparing for each, according to a survey of 1,000 employees conducted by LiveCareer. In addition, 71% of meetings are considered unproductive.[1]

Get (It) Together

Robert Sutton, professor of organizational behavior at Stanford University and the author of many books, such as *The Friction Project: How Smart Leaders Make the Right Things Easier and the Wrong Things Hard*,[2] and articles, including "Meeting Overload Is a Flexible Problem," published in the *Harvard Business Review*,[3] has spent much of his academic career studying the challenges that come with workplace meetings.

The problem stems from the fact that many leaders leverage meetings as a standard way to solve various challenges, regardless of effectiveness. Additionally, many workplace cultures simply encourage the excess. "Employers tend to reward human beings to add more and more 'stuff'—employees, projects, meetings, software, you name it. And then these humans have difficulty subtracting," Sutton says. Further, human brains are just naturally wired to add elements into the mix.

Meeting conveners and attendees also tend to fear that they will miss out on something important if they skip a meeting. "A meeting is like a mouse trap. If you're in, you want to get out. If you're out, you want to get in," says Sutton.

As an organizational scholar, Sutton has uncovered many strategies that can help to combat meeting overload. And, as an academic leader, Butler has hit upon strategies that can help health care educators better cope with meetings as well.

Meeting in the Middle

Online meetings became popular during the COVID-19 pandemic. Of course, during those years, meeting online was often the only choice.

Online meetings are still, however, the default choice in many situations. But leaders should look at these meetings more critically to determine their value.

"An online meeting can be much more convenient, but it's often not nearly as effective. It's really easy when you're on a Zoom meeting to [not be paying] attention to what's going on and doing other things. Distraction is a real issue with virtual meetings," says Butler. "When you're in person, there's a little bit more accountability for being engaged. When you're in person, you are looking someone else in the eye, and they're watching what you're doing and you're watching what they're doing. So, in many instances, in-person, face-to-face meetings are more effective. You get more done," says Butler.

Virtual gatherings can work well in some situations, however. "They are great for things that don't require extended conversations, and you just need a brief collaboration. ... If the meeting is pretty focused, a virtual meeting can be very effective," Butler concludes.

Specifically, leaders can adopt the following strategies to get more out of meetings:

Keep the invite list short. Not every staff member needs to be invited to every meeting. Instead, it's best to invite only those who can add to or learn from the conversations, according to Sutton.

Exercise restraint. While conveners often impulsively add meetings to the schedule to address myriad challenges, they should closely examine the need for such gatherings first. "Leaders need to have the discipline of looking at every meeting to figure out if you really need it, if it can be less often, [and] if it can be shorter," Sutton says. For example, recurring meetings could be assessed based on two factors: the effort required (including prep, actual meeting time, and follow-up work) for each meeting against the value of each meeting for helping them reach their goals.[3]

Share the floor. Meeting leaders sometimes act like a "hippopotamus. They have little ears and giant mouth, so they talk too much," Sutton says. To address this, leaders can analyze the total talking time during a meeting and determine whether the leader is eating up more minutes than everyone else is.

Do not leave without a plan. Often, meeting participants will leave a meeting and think that everyone is on the same page regarding decisions made and actions required. However, that is not always the case. To address this, meeting conveners should end each meeting by gaining consensus on the decisions that have been made, the action steps required, and the staff members who will be responsible for these actions. The next meeting can then start with a review of the progress, says Sutton.

Fit it all in. Butler has discovered that it is best to get the most out of each gathering by addressing as many appropriate topics as possible. "So instead of having two meetings, if there are topics that can be joined, I'll do that," Butler notes.

Share a plan. "I also have started [writing] a summary of what I want to talk about, and I send that out to the attendees prior to the meeting with some bullet points of what we're going to discuss and what I'm looking for from them as far as input. So, at the meeting itself, I'm not hitting them with things that are completely new concepts," says Butler.

Give breaks. Sometimes, staff members are required to attend meeting after meeting without a break—and this leads to significant fatigue.

"When people have back-to-back meetings, they get dumber and grouchier, which is not really a shock, is it?" says Sutton.

He recalls a study in which leaders simply schedule 25-minute instead of 30-minute meetings or 50-minute meetings instead of 60-minute meetings as the defaults in calendar systems, making it possible to provide short rest breaks. Additionally, leaders can declare a certain day of the week as a no-meeting day.

Talking Points

While leaders are able to make meetings better, attendees can also help.

To start, attendees should prepare for meetings by reviewing agendas in advance and coming to meetings prepared with talking points, answers, and questions.

"It's important to prepare to be an active participant so you are not wasting time trying to think of what to say," advises Butler.

Additionally, attendees need to exercise caution when choosing which meetings to attend. Butler contends that this is essential for educators—because they are often called on to participate in many committees and special interest groups. As such, educators should make sure that they attend only required meetings or ones where they can bring valuable perspectives to the table. "And if you're in a meeting and you think that you're not adding value, you should go," adds Sutton.

All in all, by consciously implementing improvement strategies, both meeting conveners and attendees can help to alleviate the frustration associated with meeting overload—and move toward experiencing the benefits associated with attending well-run, value-added meetings. ✦

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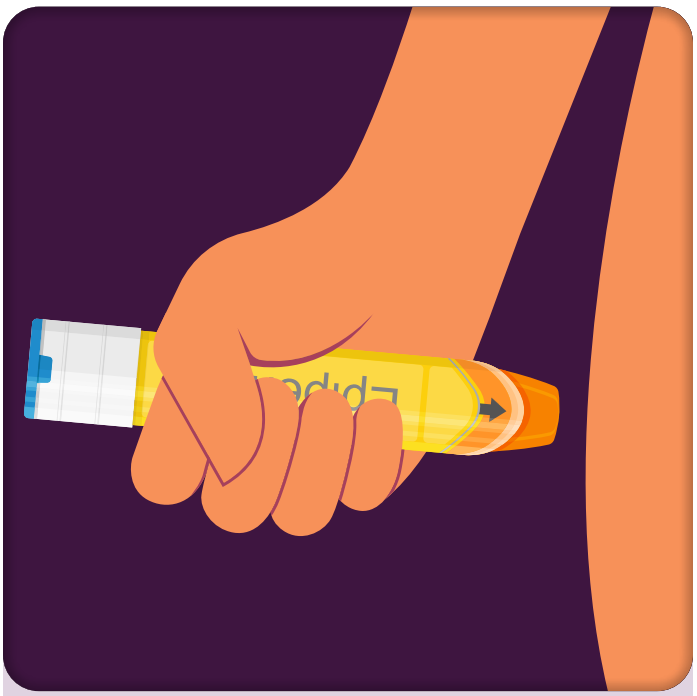
News to Use



EpiPen Gets a Needle-Free Alternative

In August 2024, the U.S. Food and Drug Administration (FDA) approved a nasal spray alternative to the EpiPen. The device offers a needle-free alternative to help stop the onset of anaphylaxis, making it the first epinephrine emergency product to hit the market in over 35 years.

The drug, called neffy, is approved for adults and children who weigh more than 66 pounds and is given as a single dose sprayed into one nostril, according to the FDA. Five clinical trial studies found neffy to be just as effective as the traditional auto-injector form of epinephrine at treating anaphylaxis in adults and children.

Neffy is meant to be carried by the millions of people with life-threatening allergies. Currently, 52% of adults with food allergies are prescribed an EpiPen, but 36% believe the EpiPen can cause life-threatening effects, according to Verywell Health.

Even though the approval is currently limited, the manufacturer of neffy plans to file another application, by the end of the year, with the FDA to include children who weigh 33 pounds or more.

Neffy is a single-use nasal spray. Those with severe allergies should carry two doses at all times. The drug has a shelf life of 30 months and should be stored at room temperature.

Meat and Type 2 Diabetes Linked

Patients at risk of type 2 diabetes may benefit from evaluating what kinds of meat they consume. Regularly eating red and processed meats is associated with a higher risk of type 2 diabetes, according to a study published in *The Lancet Diabetes & Endocrinology*.

Researchers analyzed data on diets from nearly 2 million people across 20 countries and then looked at participants' health about 10 years later. After adjusting for risk factors like a higher body mass index, smoking, physical inactivity, and a family history of diabetes, they found that every 1.8 ounces of processed red meat eaten by the participants each day increased their risk of diabetes by 15%. For every 3.5 ounces of unprocessed red meat they consumed daily, their risk increased by 10%, according to the University of Cambridge.

The research aligns with current nutritional guidelines that recommend lowering meat consumption. However, because the study was observational, the researchers could not conclude that meat consumption was the direct cause of diabetes.

To cut down on meat consumption, at-risk populations could eat smaller portions of meat or swap out meat for other protein-rich foods, such as nuts, beans, lentils, and soy. Additionally, they should prioritize plant-based foods like whole grains, fruits, and vegetables.

When the Body Ages Fastest

As we age, our bodies endure numerous changes. While they occur throughout the years, researchers found that humans age fastest at the ages of 44 and 60 by assessing more than 135,000 different molecules and microbes from 108 individuals aged 25 to 75.

Throughout the study, they found that over 80% of the molecules showed nonlinear fluctuations when people were in their 40s and 60s.

In this study, researchers observed that the molecular changes at both ages were associated with cardiovascular disease, skin and muscle aging, and the metabolizing of coffee. Individuals in their 40s had shifts in the number of molecules connected to alcohol and fat metabolism. Those in their 60s experienced changes related to carbohydrate metabolism, immune regulation, and kidney function.

Though aging is inevitable, people in their 40s can take action to curb their molecular decline by monitoring their cholesterol levels, exercising, and decreasing alcohol consumption. People in their 60s can take action by eating more anti-inflammatory foods and antioxidants.

Too Much Caffeine Is Bad for Your Heart

A new study, presented at ACC Asia 2024 in India, reports that those who drink 400 milligrams (mg) or more of caffeine per day at least five days a week may increase their risk of cardiovascular disease, even if they are otherwise in good health.

For this study, researchers studied a random group of 92 healthy participants between the ages of 18 and 45. Study participants had their blood pressure and pulse measured and then participated in a three-minute step test. Their blood pressure and pulse were measured again one minute and five minutes after the test.

Scientists also gathered information on the participants' typical daily caffeine intake and sociodemographic information. At the study's conclusion, the research team found that 20% of the study participants ingested over 400 mg of caffeine each day, which is equal to about four cups of coffee, two energy drinks, or 10 cans of soda.

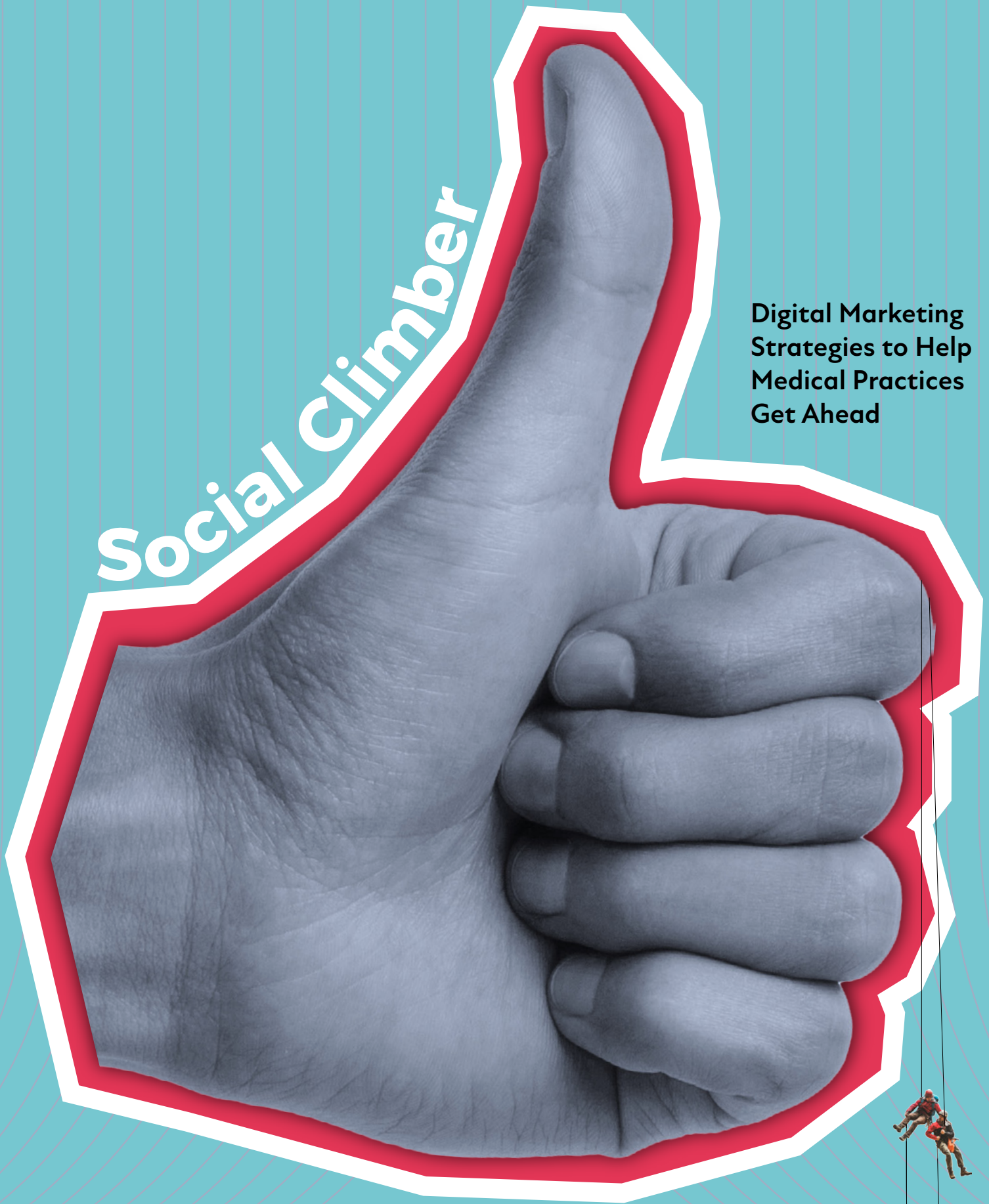
The scientists also found that chronic intake of 400 mg of caffeine significantly affected the autonomic nervous system, leading to increased heart rate and blood pressure over time.

For participants who chronically consumed 600 mg of caffeine per day, scientists reported significantly elevated heart rate and blood pressure after five minutes of rest following the step test. This indicates that chronically high caffeine intake can hinder the recovery of heart rate and blood pressure after regular daily activity. Further, ingesting over 400 mg of caffeine a day can cause other health concerns like anxiety and insomnia.

To reduce daily caffeine consumption, consider slowly decreasing your intake, staying hydrated, and recruiting loved ones to cut back on caffeine as well.

Social Climber

Digital Marketing Strategies to Help Medical Practices Get Ahead



By Mark Harris

The rise of social media over the past two decades is nothing short of dramatic. Consider the fact that in 2005 only 5% of the U.S. public reported using social media.[1] The story today is much different. According to a 2023 Pew Research Center survey, 83% of U.S. adults say they have used YouTube, while 68% report using Facebook and 47% Instagram.[2] The popular social media platforms WhatsApp, TikTok, LinkedIn, and Snapchat report use ranging from 27% to 35% of the adult population. A reported 20% of adults also use X (formerly Twitter) and Reddit.[2]

Notably, younger adults are far more likely to use social media than older adults. Instagram users include 78% of the 18–29 age category, compared with only 15% of adults 65 years or older. Younger adults are also far more likely to use multiple social media websites and apps than middle-age or older adults. Despite differences in who uses particular social media platforms (e.g., Instagram and Pinterest are more popular with women),[2] the overall trend is clear.

Today's social media landscape constitutes a significant and growing social and cultural influence, encompassing everything from personal communication and networking to education and entertainment, business and marketing, and more.

On the Rise

Social media also affects the practice of medicine. For many health care providers, social media is increasingly integral to their public presence and engagement with patients, communities, and peers.

As the leading physician organization in the United States, the American Medical Association (AMA) now regularly engages with the public and physician community through multiple social media sites. These include Instagram, Facebook, LinkedIn, YouTube, X, and TikTok.[3] The AMA uses social media to share important health and industry news, address policy issues, support patient health education, and network with medical colleagues.

The AMA offers a statement on its website:

> The Internet has created the ability for medical students and physicians to communicate and share information quickly and to reach millions of people easily. Participating in social networking and other similar opportunities can support physicians' personal expression, enable individual physicians to have a professional presence online, foster collegiality and camaraderie within the profession, [and] provide opportunities to widely disseminate public health messages and other health communication. Social networks, blogs, and other forms of communication online also create new challenges to the patient-physician relationship.[4]

While recognizing social media as a powerful resource, the AMA is also concerned with health care providers using social media platforms responsibly. This includes affirming a strong commitment to safeguard patient rights and privacy while adhering to professional standards. Accordingly, physician practices should understand how to protect patient privacy in every setting and circumstance. As such, the AMA encourages physicians to monitor their internet activities to ensure posted social media content is accurate and appropriate.[4]

With regard for such basic guidelines and considerations, social media platforms offer potential opportunities for health care providers to enhance their online brand and engagement with patients and others. This includes opportunities to more directly and regularly interact with current and prospective patients, support health education, and grow their community connections.

"There are certainly many reasons for medical practices to embrace social media," says Amy Burke, a health care marketing consultant and founder of ABundant Marketing Co. in Kansas City. "First, social media is a free platform. I know most private health care practices are on a pretty tight budget, especially if they're a traditional GP [general practitioner] or family practice physician, and don't usually have a lot of capital to work with. If they want to grow their practice or even maintain their current

> "If a practice is at capacity and not really looking to bring on too many new patients, then social media can be a great way to retain your current patients. You can get information out there and just engage more with the patients who already trust you. If your practice is the type that has ancillary products and services, social media can offer opportunities to sell products to your patients. Social media can also be a good way to remind patients that we haven't seen [them] in a while. I've heard practice managers remark on how their annual wellness checks are really down this year. Well, are you reminding patients about those visits? Are you sending something out on social media to jog their memory? Social media is a great outlet for these reminders."
>
> —Amy Burke

patients, social media can be a great outlet. It doesn't take a lot, really, other than just some of your time. Depending on what your practice specialty is, you can reach a lot of your demographic through social media."

Belay That

As a health care marketing expert, Burke is an advisor to small private practices in the health and wellness sectors. While social media use has grown in this sector, Burke recognizes that some practice managers might be reluctant to fully embrace its potential. This can be due to their unfamiliarity with how to effectively use social media for professional purposes and due to concerns about potential violations of patient privacy in online settings.

Concerns over violations of patient privacy are especially understandable. Health care providers must ensure that confidential patient health information is protected at all times, according to the Health Insurance Portability and Accountability Act (HIPAA) of 1996. This means that a patient's name, address, health condition, or other identifying personal information is legally considered protected health information.[5]

In fact, there have been situations in which medical practices have violated privacy requirements on social media platforms, usually in circumstances such as responding to a patient's online feedback. The AMA and other groups caution health care providers to remain vigilant about their patients' privacy rights in every online setting, even private online group chats, messaging, and other encrypted or restricted digital settings.

Accordingly, the American Health Information Management Association recommends that health care providers and organizations establish clear policies and procedures regarding social media activity.[6] This includes an advisory for health care employers to establish new-hire and annual all-staff privacy training and education on appropriate social media use.

"Practice managers might worry about their use of social media leading to HIPAA violations or some other compliance issue," remarks Burke. "I know some managers really struggle with this and that can hold them back from using social media. Now, the practice can certainly put content out there that has nothing to do with patients or patient care directly or any patient identifiers. But it really doesn't have to be that challenging. There are parameters we can teach practices about how to use patient testimonials or otherwise engage on their social media pages without violating privacy rules."

If a medical practice wants to use patient testimonials as part of their public marketing or informational materials, Burke cautions they must first obtain the patient's written consent. "For written, visual, or audio content, I highly encourage practices to use a patient consent form," she says. "We often help practices curate what that looks like in terms of the right wording." Generally, the patient should approve the specific information or details the practice intends to feature in a testimonial or other materials.

Notably, patients are more or less free to say or post what they want on social media sites. What the practice can control is how the practice responds, says Burke: "A patient might self-identify and comment on a post about how they love a particular doctor at the practice. But you don't want to acknowledge that by writing, 'Yes, we're so glad you're a patient of Dr. Smith,' or whoever. Instead, you can just respond with a simple 'thank you,' or a little emoji or other acknowledgment. But within the acknowledgment you should never actually state that this is [a specific practice's or physician's] patient."

Health care providers do not have to obtain written patient consent for all

Looking Up

With a YouTube channel, physicians and health systems can enhance patient care with informative educational videos on a variety of health topics. One physician who does so is David Thoele, MD, a pediatric cardiologist at Advocate Children's Hospital in Park Ridge, Illinois. As codirector of the hospital's Advocate Narrative Medicine Program, Dr. Thoele sponsors the Dr. Dave YouTube channel for patients, providers, and the community.[9]

The channel features health-oriented writing exercises, mindfulness meditations, and testimonials and other contributions from colleagues and participants. Some of the content can support in-office patient instruction, such as simple instructional breathing exercises recommended for mild asthma, anxiety, and musculoskeletal chest pain.

Reach the Summit

Follow these best practices for health care marketing[10]:

- Publish educational content to keep patients in the loop.
- Use inspirational content to motivate followers.
- Post infographics for increased engagement.
- Harness the power of health-related hashtags.
- Take your audience behind-the-scenes.
- Publish patient shout-outs to spread positivity.

patient-related communications, such as informing patients about a new product or service offered or treatments or recommendations related to patients' specific conditions or care, according to the U.S. Department of Health and Human Services. But as a rule, a patient should never be identified in marketing materials that will be seen by other patients or the public without their permission.[7]

Overcome Hurdles

Serious concerns about privacy issues are not the only reason medical practices hold back from using social media. "I think that often people just don't know where to start," says Burke. "Or they're afraid their posts are going to get negative comments. They also might not have a dedicated person for the job, or perhaps don't feel that they have the budget to outsource it. Or they get really stuck on content. They're just not sure what they can post. Is there a HIPAA issue? Are [they] giving medical advice? The lines get blurred, and so they get stuck. What then happens when they get stuck is it gets moved to the back burner. And soon another week or two or a month has gone by, and they've had absolutely no posting."

Instead, Burke emphasizes how important it is for practices to regularly engage with social media. "You can even post mediocre content, and if you post it consistently, you're going to outperform someone that has spot-on perfect graphics and copy but—because they spend so much time perfecting it—they post only periodically," she remarks. "You have to go in and show that you're really engaging."

In this sense, social media should be viewed as an extension of the practice's marketing and community outreach. "Social media has the bandwidth to push out your content and your brand in front of multiple audiences that might have otherwise never known you existed," explains Burke. "Or perhaps they don't know that you offer a particular service. A family practice may have recently added new services, for example, such as Botox injections for migraines. But if they don't advertise that, how are people supposed to know they now offer that service?"

Social media can also be an effective outlet to promote preventive care services, such as wellness visits and vaccination reminders. "Because our attention span tends to be short, we need short, concise content, and we need a lot of it," remarks Burke. "I think if there is one [initiative] you're trying to double down on, such as to increase your annual wellness visits, you need to be getting that message out in front of your audience seven to 12 times before it's really going to resonate. That's the way people are going to remember and take action to schedule an appointment."

In terms of worries over negative online feedback, Burke says practices should have clarity on both the extent and limits of their social media responsibilities. "First, any business owner should understand that what they share in the digital world is to some extent their intellectual property," she explains. "You own the content; you don't own the platform. You cannot control when somebody leaves a bad Google review or some other negative online comment. But what you can do is address it. Turn it around and use it as a tool. That's my advice for practice managers. If you're constantly seeing some negative feedback about long wait times, for example—people saying they can't get scheduled—then perhaps that's an internal operational problem you need to look at. If your audience is telling you about some bottleneck in which you cannot move forward with your business and grow, then maybe that's a learning opportunity for you."

View from the Top

Other experts share Burke's view that independent medical practices can particularly benefit from employing a social media strategy and plan.

"Every medical practice—but I think especially the independent practices—need to market themselves," says David J. Zetter, PHR, CHCC, CHCO, CPC, president of Zetter Healthcare Management Consultants in Mechanicsburg, Pennsylvania. "Social media is definitely a good way to do it. You want to build a brand. When I'm working with a new practice, I always go through a start-up checklist and a part of that is determining either a marketing, advertising, or social media plan."

Developing new or more active social media presence will naturally involve effort and commitment. But Zetter, a past president of the National Society of Certified Healthcare Business Consultants, asserts that adopting a new social media strategy for the practice should not be unduly burdensome to managers or staff. The key is to start with a realistic appraisal of the practice's goals and resources.

"You want everything to be consistent—the website, social media, the look, colors, and brand," explains Zetter. "You want to be organized and professional. The practice should also come up with a plan on what they are communicating and why."

The marketing plan will usually include developing a website with related social media channels. "For an independent practice to be successful, you want to find every way possible to communicate directly to your patients, securely, properly, and compliantly," says Zetter. "That means using encrypted email and text and also social media channels with posted content that's appropriate for the practice and what it wants to communicate."

As a management consultant, Zetter often refers physician practices to health care marketing firms equipped to assist with building a professional social media brand. This can enable the practice to create a robust social media presence without overburdening staff, who may not necessarily have the skills or time needed for the project.

These responsibilities should involve planning a monthly social media calendar with a list of upcoming media posts and their publish dates and times, suggests Zetter. The calendar can include information on online links, hashtags, mentions, images, videos, and other details related to the scheduled posts.

"If you want an informative social media calendar, you need someone that knows what they're doing, who knows how to make it look professional and get your message out properly," says Zetter. "If you're a physician or specialist, your specialty is the clinical side of things. You're not a marketer, contractor, or credentialing person. This is why I will often recommend hiring qualified people that you know are going to do a good job."

If necessary, Zetter suggests practice managers network with colleagues or seek out referrals to an appropriate marketing firm. The manager or assigned staff can then brainstorm with their marketing team to clarify and implement its social media communication goals. "You want your social media presence to keep patients engaged and in communication with the practice, to help them be cognizant and involved in their care," concludes Zetter. "You want to surround yourself with people who have expertise in these fields where the provider and staff don't. That is going to help move the needle to make the practice more successful."

In terms of working with a health care marketing firm, an outside agency can enable medical practices to employ a social media strategy to create a more consistent and professional online brand. However, providers are often unaware of practical options to improve their social media presence.

"Social media is very underutilized by medical practices; most don't do it or they do it ineffectively," adds Justin Knott, CEO of Intrepy Healthcare Marketing in Atlanta, Georgia. For this reason, health care providers might overlook potential benefits. "I think social media is still a very effective way to build an engaged community, as well as [a way] for individual providers and physicians to build thought leadership in their subspecialty," says Knott.

While a marketing agency can handle *all* social media and digital marketing for a medical practice, Knott views a more collaborative effort as the best option. In part, this is because the use of video has become a key component in social media and digital marketing tool kits.

"It's very difficult to do video without a collaborative effort from the practice and the physicians or providers themselves," says Knott. "While some specialty or subspecialty practices, like plastic surgeons or those willing to spend a lot of money, are able to purchase expensive professional video production services, that's usually out of the realm of possibility for most primary care providers."

Whatever the challenges, Knott encourages physicians and practice managers to embrace social media's potential. "You want to be your own champion on social media," concludes Knott. "As an agency owner, it's one of our services, but the best way to create success is to eventually empower yourself or someone in your office to create and distribute content on social media. Over time this is going to be the most effective return on your investment. It's a way to create a community that will engage potential patients and bring them through the door."

Benefits that Rock

Social media benefits health care initiatives[11]:

- **Corrects misinformation.** Health professionals can combat the spread of misinformation by sharing evidence-based guidelines and hosting informative Q&A sessions.
- **Informs health research.** Researchers can use online discussions to infer health topics that people want to know more about, and they can recruit research study participants.
- **Influences policy.** Social media can amplify public health policies, serve as an advocacy platform, raise awareness of emerging health concerns, and influence policy changes.
- **Promotes public health initiatives.** Health professionals can promote preventive care screenings and create targeted educational programs for at-risk populations.

Get a Grip on Public Health

Social media resources can also perform an important role in public health education, such as campaigns to raise public awareness of recommended vaccinations. "We use social media to keep people informed about the importance of vaccination recommendations and keeping patients updated about the COVID-19, measles, RSV [respiratory syncytial virus], and other vaccines," says Brandy Thompson, CMA (AAMA), a clinical supervisor for Cincinnati Health Department Primary Care.

The Cincinnati Health Department plays a leading role promoting human papillomavirus (HPV) vaccination in Hamilton County and the state of Ohio. As the most common sexually transmitted disease in the United States, HPV is associated with increased risk of cervical and throat cancer and other health risks.[8]

"We especially use our social media resources to raise awareness of the HPV vaccine and its importance," says Thompson. "There's a high risk, statistically, in our area, so it's a priority for us to promote awareness about HPV on our social media networks."

Vaccination and other local health

Avoid These Slips

Avoid making these mistakes in health care social media marketing[12]:

- Sharing patient stories with identifying information
- Using stigmatized or non-sciened-based language
- Posting unproven claims—instead, be prepared to support any claims with evidence
- Disseminating misleading ads

campaigns are based on Centers for Disease Control and Prevention recommendations, reports Thompson. "For vaccines and other public health issues, I think it's imperative for our primary care clinics to take advantage of social media," she concludes. As an area with a large immigrant population, the Cincinnati Health Department provides public health information in multiple languages.

A similar perspective is shared by Nora Clemmens, CMA (AAMA), a certified health coach and lead medical assistant for a primary care clinic serving city employees of Yakima, Washington. "Our social media [e.g., Facebook and Instagram] is done by the city of Yakima," explains Clemmens. "We organize a community wellness fair at the end of October, for example, and use social media to publicize it with city employees who are our patients. The city's human resources department is really good about notifying patients about health events, programs, and other issues related to community health."

As a health care coach, Clemmens says she is particularly sensitive to the need for medical practices to be careful about their social media use and public interactions. "Social media can be both good and bad," she says. "Some people are so fast these days to post a negative review online that might be out of context or just a personal view. Now, we always strive to provide great service at our clinics, but as we know, we cannot please everybody. Unfortunately, you will have that occasional patient who is more than happy to post negative feedback. You might have some interaction with a patient who didn't get antibiotics for a cold or some issue like that, and they're unhappy about it."

Clemmens has some advice on how practices can respond to negative feedback: "Avoid any confrontational comments on social media. It's a bad look for the practice. You don't want to go online and debate people or say that's not the way it happened, which can be unprofessional. If there is a problem or complaint someone has made, you should ask the person to discuss it with you in a phone call, rather than on the social media site. I also believe there should be one person in the office who is in charge of the posts."

An Uphill Challenge

Many health care professionals and medical organizations are concerned about the accuracy of the health information available on popular social media platforms. While social media can potentially facilitate greater public health literacy, it can also be an outlet for false or misleading health claims and information. This is understandable to a degree because major social media platforms are not generally subject to the same review process used by professional news media, let alone the standards of professional medical societies and organizations.

While the topic of health care misinformation is a complex one, health care providers who actively embrace social media and show a strong commitment to accurate, educational, and evidence-based health information can go a long way to help counter the spread of medical misinformation. These responsible social media practices should also include a commitment to adhere to ethical marketing practices.

Social media is now widely used by large hospital and health networks, professional societies, patient advocacy groups, independent physician practices, and individual health care professionals. When used judiciously, health care social media has the potential to enrich patient-provider relationships, promote public health literacy, and strengthen the health system's value and connections to communities and society at large. ✦

The CE test for this article can be found on page 28.

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Straighten Out Your Knowledge of Vertigo

By Kelli Smith

Most people have experienced dizziness in some capacity, whether from standing up too quickly, riding an amusement park ride, or taking certain medications. Usually, regaining balance and feeling normal again is easy. However, when dizziness persists and affects a person's daily life, they may be experiencing vertigo.

Vertigo and other types of dizziness affect up to 1 in 5 people each year.[1] A condition characterized by dizziness, vertigo creates the false sense that you are spinning or moving.[2] Vertigo is not the same as being lightheaded, because people with vertigo feel as though they are actually spinning or moving, or the world is spinning around them.

Vertigo presents in two primary forms[2]:

- **Peripheral vertigo**, the most common type, occurs when an issue arises with the inner ear or vestibular nerve, both of which affect a person's sense of balance.
- **Central vertigo**, the less common form, stems from a condition affecting the brain, like an infection, stroke, or traumatic brain injury. People with central vertigo tend to have more severe symptoms, such as difficulty walking or severe instability.

Where to Turn

The cause of vertigo depends on the type of vertigo.

Peripheral vertigo is due to a problem in the vestibular labyrinth—or semicircular canals—which controls balance. The problem can also involve the vestibular nerve, which is located between the inner ear and the brain stem.[3]

Peripheral vertigo may be caused by the following[3]:

- Benign positional vertigo
- Certain medications (e.g., cisplatin, diuretics, salicylates, or aminoglycoside antibiotics)
- Inflammation of the vestibular nerve
- Injury
- Irritation and swelling of the inner ear
- Meniere disease
- Pressure on the vestibular nerve

Central vertigo is caused by a problem in the brain, usually in the brain stem or the cerebellum. Central vertigo may be caused by the following[3]:

- Blood vessel disease
- Certain drugs, including anticonvulsants, alcohol, and aspirin
- Multiple sclerosis
- Seizures
- Stroke
- Tumors
- Vestibular migraine

Ask Around

The primary symptom of vertigo is a spinning sensation or a feeling that the room is moving or spinning. This spinning sensation can cause nausea and vomiting.

Other symptoms can include the following[3]:

- Dizziness
- Difficulty focusing the eyes
- Hearing loss
- Loss of balance
- Loss of body fluids due to nausea and vomiting
- Ringing in the ears

Central vertigo may cause other symptoms:

- Double vision
- Difficulty swallowing
- Eye movement problems
- Facial paralysis
- Slurred speech
- Weakness of the limbs

Spinning a Tale

Debunk common myths about vertigo[4]:

Myth: Dizziness is always related to ear crystals. Truth: While a common cause of vertigo, ear crystals are not associated with dizziness. Numerous other potential reasons can explain dizzy spells.

Myth: Dizziness is all in your head. Truth: Some people may be told that their symptoms of dizziness or vertigo are fake. They may be advised to ignore it and wait for improvement. However, long-term dizziness and vertigo should not be ignored; it should be treated by a health care provider.

Myth: Home remedies will fix the problem. Truth: Home remedies can be harmful and even cause more problems. Trying to reposition crystals without the guidance of a health care professional can cause them to be moved incorrectly. Patients have given themselves concussions or damaged their eardrums from trying to perform these procedures at home.

Myth: Antihistamines solve dizziness. Truth: Antihistamines such as meclizine can be used to prevent and control nausea, vomiting, and dizziness caused by motion sickness. They work to block the signals to the brain that cause these symptoms. However, for long-term vertigo and dizziness, taking antihistamines is not a good solution. Meclizine can make you feel drowsy, causing you to fall asleep until the episodes end. In this circumstance, the medicine covers the symptoms but does not treat the condition.

Myth: No long-term treatment options exist. Truth: Recurring bouts of vertigo or dizziness can profoundly affect a person's life, causing them to miss crucial events or make them unable to drive or work. However, there is hope for those with vertigo. Patients should work with their health care provider to find the best treatment option for them.

A Whirl of Difference

Once vertigo is diagnosed by a health care provider through a physical examination, care and treatment can begin. Treatment depends on the underlying cause. Health care providers use a variety of treatments[2]:

Repositioning maneuvers. Benign paroxysmal positional vertigo, a subtype of peripheral vertigo, occurs when small calcium carbonate crystals (i.e., canaliths) move out of the utricle in the inner ear to the semicircular canals. This can cause vertigo symptoms, particularly with head movement.

Canalith repositioning maneuvers can help shift the crystals from the semicircular canals to the utricle. Health care providers can perform canalith repositioning procedures during practice visits or teach patients how to perform them at home.

Vertigo medication. Medication can help in some cases of acute vertigo. Health care providers can use motion sickness medications or antihistamines to ease symptoms of vertigo.

Vestibular rehabilitation therapy. This form of therapy will usually involve a range of exercises to improve common vertigo symptoms like balance issues, dizziness, and unstable vision. Exercises may include stretching, marching in place, eye movement control, and strengthening. Health care providers can teach patients how to perform these exercises at home to manage symptoms during an episode of vertigo.

Surgery. In rare cases, a patient may need surgery when vertigo is caused by an underlying health condition, such as a brain tumor or neck injury. Surgery will be recommended by providers only once other treatments have failed.

Balanced Care

Vertigo profoundly affects patients and presents unique challenges. Fortunately, medical assistants can improve patients' appointments in a number of ways.

"It is most important that you get all the details of when [the vertigo episodes] started, what symptoms they have, how long symptoms have been present, and … what medications they have tried to relieve the symptoms," says Laura Mizicko, CMA (AAMA), a medical assistant at Southwoods Health in Youngstown, Ohio.

Medical assistants can also explain and demonstrate repositioning maneuvers, according to Heather Mabery, CMA (AAMA), ACPA, a medical assistant at Laurens Family Medicine in Laurens, South Carolina. This can ensure the patient learns how to complete the procedure safely and accurately.

How can medical assistants further assist patients with vertigo? When patients arrive at the practice, medical assistants can ensure they get help navigating hallways or getting into a wheelchair to reach the examination room. Once in the examination room, make sure they have safely sat or lain down and make them as comfortable as possible. This can go a long way in making the appointment more pleasant for patients experiencing extreme discomfort and disorientation.

Above all, medical assistants must find compassion for patients with vertigo and try to understand how it feels to live with this condition. "A patient with vertigo's whole world is upside down," says Le'Kisha Coleman, CMA (AAMA), RMA(AMT), a medical assistant at WNY Rehabilitation Medicine and Pain Management in West Seneca, New York. "And as [medical assistants], we cannot just say the words 'We understand' or 'It will be okay' and walk away. That's not enough. Because seconds to us is like hours to somebody with vertigo." ✦

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Cut It Out

Drinking too much alcohol can cause many problems and unwanted effects on your health and well-being. Many people choose to cut alcohol from their lives to regain control, improve their overall health, or address some of the negative consequences of regularly drinking.

Embarking on the journey of sobriety can be a transformative experience with several benefits, according to Health and GoodRx:

- A healthier heart and cardiovascular system
- A healthier immune system and fewer illnesses
- Better attention and concentration
- Better relationships
- Better sleep
- Decreased risk of cancers
- Decreased risk of miscarriages and stillbirths
- Healthier weight and diet
- Improved mood, anxiety, and stress
- More energy and productivity
- No risk of alcohol poisoning
- No risk of alcohol-induced risky behaviors, such as injuries, accidents, and risky sexual behaviors
- No risk of violence associated with drinking

Though it may be a challenge, it's never too late to stop drinking. When done safely, cutting alcohol out of your life can make you happier and healthier.

Walk It Off

At the end of a long day, you may want to take it easy after eating a big meal. But taking just a 15–20 minute walk within an hour of eating can yield wonderful benefits, report LIVESTRONG.com and Verywell Fit:

Stabilized blood sugar levels. Even a few minutes of walking after eating can curb the intensity of blood sugar fluctuations that naturally occur after eating. When you walk, your muscles contract, which signals your body to take glucose from the body and use it for energy. This can contribute to diabetes prevention and long-term blood sugar control for those with diabetes.

Faster meal digestion. Walking after eating increases your metabolism. As you walk, the contractions in your abdomen and core muscles help break down the food faster and move it through your digestive tract. Being upright also helps the food move down the esophagus and through the intestines.

More energy. Many people feel sluggish after eating, but because walking improves blood sugar levels, activates your muscles, and increases blood flow, it will provide more energy. Additionally, walking can release endorphins, which naturally boost your mood and energy.

From better digestion to lower blood sugar, walking after a meal is undoubtedly the right option. Next time you have a big dinner, lace up your shoes and get moving!

Squeeze the Day

Adding lemon to a beverage or meal can add a refreshing twist. But have you ever wondered about its nutritional value? It turns out that lemons offer several health benefits.

So, next time you have a glass of water or mug of tea, squeeze in a bit of lemon to reap these potential benefits, as identified by Healthline and MedicalNewsToday:

- **Antioxidants:** Lemons' high volume of antioxidants can help protect against inflammation and cell damage. This can help reduce the risk of cardiovascular disease, diabetes, obesity, and cancer.
- **Brain Health:** Studies suggest that compounds found in lemons may improve brain function and protect against Alzheimer disease.
- **Heart Health:** Studies have found that lemons are associated with improved heart health and may reduce several risk factors for heart disease. They are high in heart-healthy vitamin C and beneficial plant compounds that can lower cholesterol.
- **Immunity Improvement:** Lemons are a great source of vitamin C, which can reduce inflammation and prevent infections.
- **Kidney Stones Prevention:** Lemon juice contains citric acid, which could help prevent kidney stones.

Wake-Up Call

Do you find waking up on time each morning a challenge? You're not alone. More than half of adults hit the snooze button when they wake up in the morning, according to the Sleep Foundation. Many who snooze may do so because of interrupted sleep or too late of a bedtime.

If you need help getting up each day, try some of these tips from Everyday Health:

Gradually shift your wake-up time. Don't try to jump from a 9 a.m. wake-up time to a 6 a.m. wake-up time. Your body will not get the rest it needs, and the routine will be unsustainable. Instead, shift your wake-up time gradually, in 15–20 minute increments.

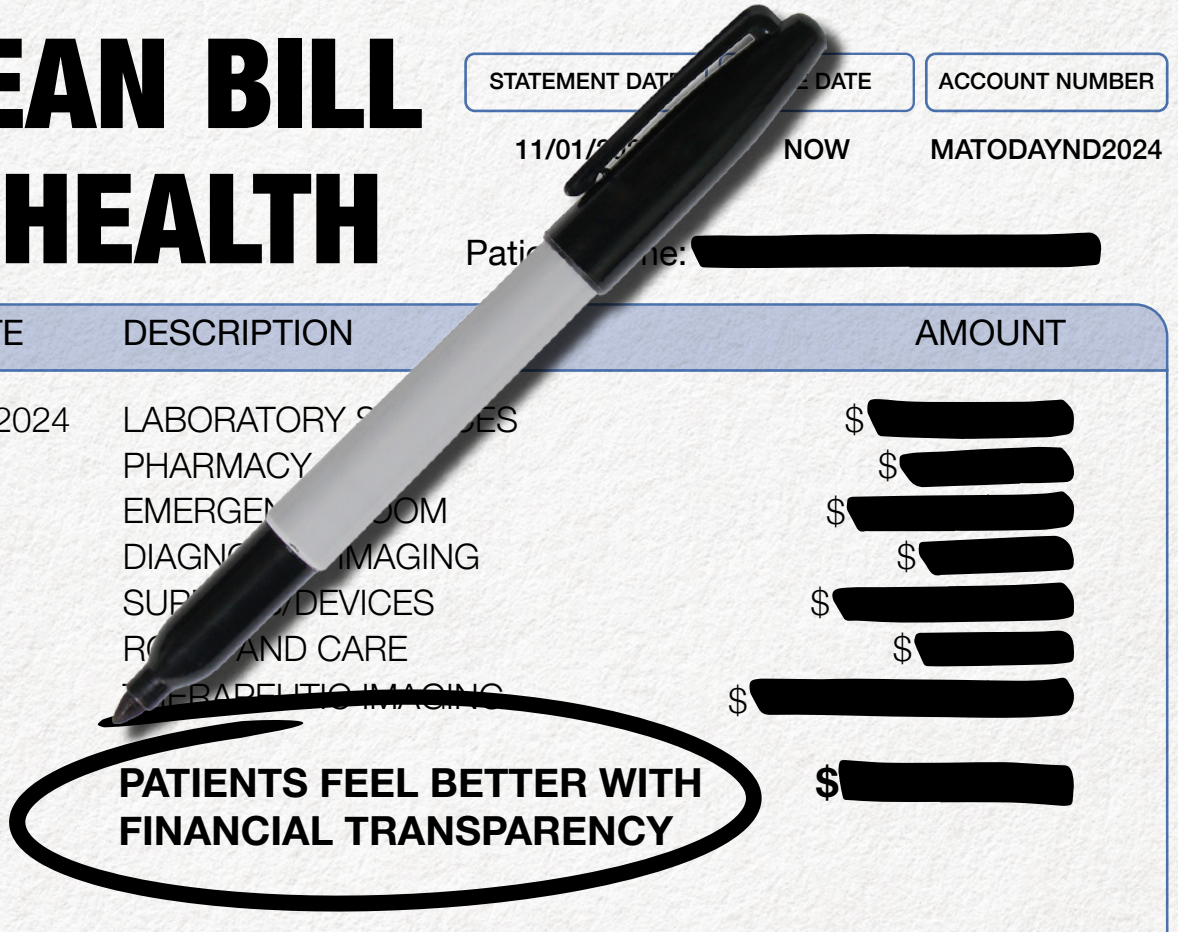
Wind down two hours before bedtime. Build an evening routine that helps you relax and wind down. Avoid work emails, homework, rigorous workouts, and screens. Instead, consider journaling, reading, or meditating.

Don't sleep too late on weekends. Sleeping in on weekends may be tempting, but it will undo your progress from the week and interrupt your natural body clock. If you choose to sleep in, limit it to an extra hour.

Get bright light immediately in the morning. Open your blinds to get exposure to sunlight as soon as you start your day. If you are dealing with dark and dreary mornings, invest in a lightbox.

Getting up on time each morning can be a major challenge, but with these tips, you can train yourself in no time. Speak to a health care provider if these changes do not help or if you are concerned that you may have a sleep disorder or other condition.

CLEAN BILL OF HEALTH



By Brian Justice

Americans are worried about their money and their health. Among the top day-to-day stressors that people experience, 65% of survey respondents named health-related issues, and 63% cited finances, finds the American Psychological Association's report, Stress in America 2023.[1] People in a health care environment—providers and patients alike—feel the effects of both.

The health care industry's revenue cycle is a complex tangle that involves patients, providers, employers, and insurance companies, and it sows confusion and frustration. Submission and reimbursement processes are inefficient and often baffle patients, making them angry—and it should.[2] Almost 20% of patients receiving care in-network receive unexpected and exorbitant bills, and patients receiving care out-of-network are charged much higher fees for those same services. Both experiences undermine patients' confidence in their providers and even the overall health care system.[3]

One thing is clear: financial transparency must become a crucial part of creating a positive and effective clinical experience for everyone involved.

Clear Costs

An overwhelming majority of Americans support price transparency in health care. More than 90% of respondents in a recent survey said that providers should be required to publicly post costs, which 66% of them believe would improve health care, and 62% said that meaningful transparency includes increased clarity around the most confusing costs, such as co-pays, deductibles, and out-of-pocket expenses.[4]

"Knowing and understanding the cost of procedures, tests, and treatments is very important to patients because it impacts their health care decisions and financial planning," says Patrick McClure, CEO of WINIT Clinic, a personalized health care company in Miami, Florida. "Transparency builds trust and helps patients make more informed care choices."

Cost transparency reduces patient anxiety while improving loyalty and satisfaction. In fact, a recent report states that more than 60% of patients would consider finding new providers if they were dissatisfied with costs and payment processes.[5]

Jill Wilkins, CMA (AAMA), director of clinic operations at UnityPoint Clinic in Johnston, Iowa, knows this well. "Transparency is crucial, particularly when discussing up-front costs, insurance, tests, and procedures," she says. "Nobody likes unexpected expenses, so it's best to be clear from the beginning. That way patients are fully informed and, together with their provider, can determine the best course of action, especially if cost is a concern."

Proactively addressing financial issues can be only a positive, given that a recent poll showed that 68% of patients do not know how much appointments cost until afterward, 61% find their bills more complex than a mortgage payment, and 48% are uncomfortable asking providers for details

"After working in health care for almost 10 years, I have become very familiar with the assistance programs available to patients. Whether they're from health care institutions, pharmaceutical manufacturers, medical equipment companies, or community outreach programs—the resources are endless. I always tell patients it never hurts to ask, because so many of these resources go unused."

—Jessica Blessinger, CMA (AAMA)

around costs and billing.[6]

A Credit to the Team

Fortunately, virtually every health care facility has a powerful voice on-site, front and center, and perfectly suited to address financial transparency with confused and wary patients: the medical assistant. As the first person most patients encounter, a medical assistant has a unique opportunity to relieve financial stress from the start.

"I try to be as transparent as possible with patients when it comes to costs," says Jessica Blessinger, CMA (AAMA), clinical preceptor lead with Hancock Health in Greenfield, Indiana. "By letting them know their potential out-of-pocket costs, they can determine whether they need to do some budgeting, and there's no sticker shock when they see the bill. I also try to find financial assistance programs that can help cut down costs, if needed."

These conversations should be straightforward and avoid poorly understood terms like *co-pay*, *coinsurance*, and *deductible*. Use clear, simple language to explain costs and payment options, and because urgent issues can include unpredictable costs, keep the conversation going throughout the care process.[6]

This approach promotes transparency and builds trust.

Check, Please!

Medical assistants can take relatively easy measures to relieve financial stress by helping patients—especially older adults and those who are underinsured or without coverage at all—access services. Patients can avoid delaying or skipping care that leads to poor outcomes and even higher costs in the long run.

"Medical assistants serve as a lifeline for patients to make their way through such options," says McClure. "Making information and support available decreases the financial burden on patients so they can get appropriate care without undue stress."

For health care providers, this need for assistance is increasing as the industry moves toward value-based care, in which reimbursement is tied to the quality of care. Fewer patients seeking care due to financial constraints mean fewer appointments, reduced revenue, and a decline in overall population health. To address this, health care organizations are increasingly connecting patients with financial assistance programs, ensuring that cost barriers are minimized and enabling access to comprehensive care for all.

Here are three ways to help patients find and navigate the help out there[7]:

Determine which patients qualify for assistance. Many health care facilities are required to provide financial assistance to low-income patients, but when screening for such patients is done manually, some of them may be missed. Incorporate technology that screens patients for presumptive eligibility during check-in, identifying self-pay and underinsured patients from the start. Even for organizations that are not obligated to offer charity care, these screenings can help pinpoint patients who would benefit from community resources, such as financial counseling or governmental aid programs.

Educate patients about resources. Organizations can easily promote programs during patient intake, on billing statements, or through signage in public areas. Many assistance programs are underused simply because patients are unaware of them. An intake process that includes noting how patients prefer to receive information (through text or email) can help providers deliver that information in a manner that makes patients more likely to receive, absorb, and respond to it.

Help patients apply for financial aid. Navigating the application process for financial aid can be intimidating and complicated, making it difficult for patients to know what information and documents to provide or how to track the progress of their application. Providers can easily share application information before patients leave the facility, with detailed instructions about the documents required and even a direct link to sites that allow patients to upload photos of documents. Patients can complete the process at their own pace and at home, with staff or counselors receiving the information and submitting applications on their behalf.

By prioritizing early and ongoing financial discussions, medical assistants can enhance the overall patient experience. They can ensure that care is not only transparent and patient-centered, but that stress around money is relieved, which makes everyone feel better. ✦

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WATCH OUT

Patients with Diabetes at Risk for Eye Conditions

By Pamela Schumacher, MS, CCMP

Diabetes is the leading cause of new cases of blindness in adults aged 18 to 64 years.[1] In fact, among U.S. adults aged 18 years or older with diagnosed diabetes, 10% report severe vision difficulty or blindness.[1] Understanding diabetes and educating patients on prevention and management is critical to helping them maintain their eye health and prevent complications.

"Diabetes is a widespread problem, and both type 1 and type 2 diabetes affect the eye," says Lloyd Paul Aiello, MD, PhD, FARVO, a professor of ophthalmology at Harvard Medical School in Boston, Massachusetts. "They do so in very similar ways and can cause changes that range from either very mild to

very severe, sight-threatening damage."

Diabetic retinopathy is the most common cause of vision loss in people with diabetes. About one-third of people with diabetes who are older than age 40 already have some signs of diabetic retinopathy. Patient outcomes depend on receiving regular care, because finding and treating diabetic retinopathy early can reduce the risk of blindness by 95%.[2]

"A big part of the problem is that patients often don't have any symptoms, and vision can remain unchanged well beyond the time when intervention is most effective," says Dr. Aiello. "We have many treatments that are effective against the vision-threatening complications of diabetes, but preventing vision loss comes down to the patient being aware that they have the disease and making sure they receive appropriate eye care, follow-up, and treatment."

A Peek Behind the Scenes

"Diabetes is a disease that affects the body's ability to produce or use insulin effectively to control blood sugar—[or] glucose—levels," explains Ninel Gregori, MD, a spokesperson for the American Academy of Ophthalmology. "Too much glucose in the blood for a long time can cause damage in many parts of the body, including the eye."

For someone without diabetes, the body breaks down most food into glucose and releases it into the bloodstream. When blood sugar goes up, the pancreas releases insulin, which lets the blood sugar into the body's cells for use as energy.[3] When someone has diabetes, however, the body does not make enough insulin or cannot use it as well as it should. With insufficient insulin, the body's cells stop responding to insulin, and too much blood sugar stays in the bloodstream. Too much glucose in the blood for a long time damages the heart, kidneys, and blood vessels, including the small blood vessels in the eye. Even if diabetes is well-controlled, the eye can be damaged without the patient realizing it.[4]

Three main types of diabetes exist: type 1, type 2, and gestational diabetes.[3] Anyone with these diseases is at risk for diabetes-related eye diseases:

- **Type 1 diabetes** is thought to be caused by an autoimmune reaction that stops the body from making insulin. People with type 1 diabetes must take insulin every day to survive. Type 1 diabetes can be diagnosed at any age, and symptoms often develop quickly. It is most often diagnosed in children and young adults.[3]
- With **type 2 diabetes**, the body does not use insulin well and cannot keep blood sugar at normal levels. It develops over many years and is usually diagnosed in adults (but increasingly in children, teens, and young adults). People may not notice any symptoms, so they must get their blood sugar tested if they have known risk factors.[3]
- **Gestational diabetes** develops in pregnant people who have never had diabetes. It usually goes away after the baby is born. However, it increases the patient's risk for type 2 diabetes later in life.[3] People who develop gestational diabetes or those with diabetes who become pregnant are at high risk for getting diabetic retinopathy and should have a comprehensive dilated eye examination as soon as possible.[5]

An Overview

Diabetic eye disease represents a group of eye problems that can affect people with diabetes. Over time, diabetes can damage the patient's eyes, leading to poor vision or even blindness.[2] The following conditions may be caused by diabetes:

Diabetic retinopathy: The retina—the inner lining at the back of each eye—senses light and turns it into signals that the brain decodes, which creates vision. Early diabetic retinopathy causes blood vessels to weaken, bulge, or leak into the retina. This stage is called *nonproliferative diabetic retinopathy*.[2]

If the disease worsens, some blood vessels close off, which causes new blood vessels to grow—or proliferate—on the retina's surface. This stage is called *proliferative diabetic retinopathy*. These abnormal new blood vessels can break, leading to vitreous hemorrhage and other conditions, possibly leading to serious vision-threatening problems.[2]

Macular edema: The part of the retina that is needed for central vision—which is used for reading, driving, and seeing faces—is the macula. Diabetes can lead to swelling in the macula, which is called *diabetic macular edema*. Over time, this disease can destroy the sharp vision in this part of the eye, leading to partial vision loss or blindness. Macular edema usually develops in people who already have other signs of diabetic retinopathy.[2]

Cataracts: The lenses within the eyes are clear structures that focus the light to help provide sharp vision, but they tend to become cloudy with age. People with diabetes can develop cataracts at an earlier age than people without diabetes. Researchers think that high glucose levels cause deposits to build up in the lenses of the eyes.[2]

Glaucoma: Glaucoma is a group of eye diseases that can damage the optic nerve—the bundle of nerves connecting the eye to the brain. Diabetes doubles the chances of having glaucoma, which can lead to vision loss and blindness if not treated early. Symptoms depend on which type of glaucoma the patient has.[2]

Vitreous hemorrhages: Vitreous hemorrhages can be due to proliferative diabetic retinopathy or other conditions such as branch retinal vein occlusion or central retinal vein occlusion. These conditions occur when retinal veins become blocked and blood and fluid spill into the retina. In either case, the macula can also swell and affect central vision. Eventually, without blood circulation, nerve cells in the eye can die, and the patient can lose portions or all their vision.[6]

Look Sharp

Often, no early symptoms of diabetic eye disease present themselves. Patients may have no pain and no change in their vision as damage begins to grow inside their eyes. When symptoms do occur, they may include the following[2]:

- Blurry or wavy vision
- Frequently changing vision

- Dark areas or vision loss
- Poor color vision
- Spots or dark strings (also called *floaters*)
- Flashes of light

"It's important to recognize these symptoms, because sometimes patients will think they're not significant," says Dr. Aiello, who is also director of the Beetham Eye Institute at the Joslin Diabetes Center in Boston. "Medical assistants should ask patients the following questions: 'Do you have new spots, lines, cobwebs, or hairs in your vision? Do you see flashing lights or fireworks going off? Are straight lines distorted? So, for example, if you look at a door frame, is it curved and not straight?' Patients may also say it looks like black pepper has been sprinkled everywhere. If any of these problems occur, it can signal they have [a] severe disease [that] needs prompt eye care. This is true whether a person has diabetes or not, but one should have a higher index of suspicion in a patient who already has diabetes."

James C. Major Jr., MD, PhD, FACS, FASRS, a spokesperson for the American Society of Retina Specialists, agrees: "A main determinant of vision loss is that the patient has diabetes, particularly if they've had it for a while. Secondly, I would make sure that the patient has had a baseline evaluation with a dilated eye [examination] and not just a routine vision check. We have patients that come in with twenty-twenty vision saying, 'I'm not sure why I'm here, but my eye care specialist told me specifically to see a retina specialist.' It turns out they have advanced diabetic retinopathy with broken and damaged blood vessels that are leaking and ready to bleed. They're potentially close to needing surgery, but they haven't even noticed yet. It's important to get a baseline [examination] for any adult with diabetes."

Looking for Trouble

A full, dilated eye examination is the best way to check for eye problems from diabetes. The physician places drops in the patient's eyes to widen their pupils, allowing the physician to examine a larger area at the back of each eye using a special magnifying lens. The physician will also test patients' vision, measure the pressure in their eyes, and run other tests as needed.[2]

During this screening, an ophthalmologist looks for such symptoms as blurry vision, new floaters, sudden vision loss that starts with dark streaks in the vision, pain in the eye from high pressure caused by new blood vessels growing over the iris and the angle of the eye where fluid drains from the eye, explains Dr. Gregori, who is also a professor of clinical ophthalmology at the Bascom Palmer Eye Institute and chief of ophthalmology at the Miami Veterans Affairs Medical Center in Miami, Florida. He details warning signs to look for:

- Spots of blood (dot blot hemorrhages and flame hemorrhages)
- Yellow deposits (hard exudates which consist of lipid and proteinaceous material)
- Fuzzy whitish spots (called *cotton wool spots*)
- Beading veins
- Sclerotic arteries (no blood runs through them)
- Abnormal new blood vessels (neovascularization of the disc or neovascularization elsewhere)
- Vitreous hemorrhage, as well as swelling in the central retina called *macular edema*
- Optic nerve swelling (optic nerve edema or optic neuropathy)

Timing is critical, cautions Dr. Aiello. "The rule is, if you're diagnosed with type 2 diabetes, you should have a dilated eye examination as soon as you can after being diagnosed," he says. "However, patients with type 1 diabetes should have a dilated eye examination within five years [after] puberty. The reason for the difference in timing is when you have type 1 diabetes, it becomes severe very rapidly, and you often end up in the hospital and go on insulin control. Thus, you become aware that you have diabetes very soon after you have it. Whereas, with type 2 diabetes, it's often very insidious. Most people may have had it for five to 10 years before they're diagnosed, and at the time of diagnosis, a significant number of people with type 2 diabetes already have eye disease."

If diabetic retinopathy is identified, patients are given a score ranging from 1 (minor) to 10 (major) in terms of severity, notes Dr. Major. "If they've controlled their diabetes very well, they may have a low score for many years," he says. "For example, one patient may have had diabetes for 10 years, and we check them, and they don't have much damage to the back of the retina, so that's a 1. Another patient may have a lot of new blood vessel growth secondary to ischemic damage in the back of the eye. We call that neovascularization, and they are an 8, 9, or 10. The score is largely dependent on the hemoglobin A1c and long-term diabetic glycemic control. The retina specialist will determine [the] length of follow-up care based

Sight, Unseen

"Medical assistants and patients should be aware of the risk factors that increase the likelihood of developing diabetes-related complications, particularly those affecting vision," says Adreanna Buckley, AAS, CMA (AAMA), the medical assisting program chair at Ivy Tech Community College in Goshen, Indiana. "Awareness of these risk factors can help in early detection, prevention, and management." She provides these key risk factors for diabetic eye disease:

- Long duration of diabetes (the longer the patient has had diabetes, the more likely they will have diabetic eye disease)
- Consistently high blood sugar
- High blood pressure
- High cholesterol
- Kidney disease, such as diabetic nephropathy
- Pregnancy
- Smoking
- Being Black, Hispanic, or Native American

Set Your Sights On Helping Patients

The Centers for Disease Control and Prevention offers recommendations that medical assistants can use to talk with patients[7]:

1. Even though people with diabetes have a higher risk of vision loss and eye diseases, 60% of people with diabetes do not get annual eye examinations. Share motivating facts with patients to improve their awareness, such as that the risk of blindness is 25 times higher in people with diabetes compared to those without diabetes.
2. Talk to patients with diabetes about the signs of eye problems during each visit, so that they are aware of changes in their eyesight right away.
3. Encourage patients to see an eye health specialist.
4. Ask patients about their eye health at each visit:
   - Do you get a comprehensive eye exam with dilated pupils at least once a year?
   - Do you know how diabetes can affect your eyes?
   - Do you know what to do if you suddenly have a change in your vision?[7]
5. Help patients understand how diabetes management can support healthy vision:
   - Promote the ABCs of diabetes (A1c, blood pressure, cholesterol, and smoking cessation) and a healthy lifestyle.
   - Connect patients to health coaches, patient navigators, nutritionists, community health workers, and local community resources when possible.
   - Follow up with patients regularly to track how well they are managing their diabetes and connecting with their health care team.[7]

on disease severity. As the disease progresses, the follow-up needs to be more frequent."

Eyeing the Future

Treatment can stop the damage from diabetic eye disease from getting worse and can sometimes help regain lost vision. Physicians have several options for treatment[5]:

- **Injections** of anti-vascular endothelial growth factor drugs can slow down or reverse diabetic retinopathy. Corticosteroids can also help.
- **Laser treatments** can reduce swelling in the retina and can make abnormal blood vessels shrink and stop leaking.
- **Eye surgery** called *vitrectomy* can be used if the retina is bleeding or there is a lot of scar tissue in the eye.

"The first step in treatment is for the patient to go in for their regular medical and eye care appointments. Patients are greatly helping themselves by doing that," says Dr. Aiello. "Secondly, medical assistants should help patients get their diabetes under control, which includes blood sugar, blood pressure, lipids, and cholesterol. That's going to be primarily with their medical or diabetes physician, but it's also the best treatment for eye disease. This is why the partnership between the medical care provider and the eye care provider is so important.

"At the more severe stages, the first line of treatment is often drugs that reduce both the number of blood vessels and the leakage," says Dr. Aiello. "These are administered by injection into the eye, which sounds terrible but is not as bad as it sounds. The patient is given a shot in the office and can go home. It has been done for hundreds of thousands of patients, and people handle it quite well.

"The other major option is laser photocoagulation, [in which] a bright light is focused on the retina in the back of the eye. It destroys some of the retina but also eliminates the extra blood vessels and saves the center part of the retina," says Dr. Aiello. "This is dramatically effective. It was a huge change when it came about in the 1960s and 70s. When given in a timely and appropriate manner, it can save a huge amount of vision and can be used both for the leakage and for the vessels growing."

For patients with advanced disease, an ophthalmologist may recommend vitrectomy, adds Dr. Gregori: "For this, the ophthalmologist removes vitreous gel and blood spilled from bleeding vessels in the back of your eye. This allows light rays to focus properly on the retina again. Scar tissue also might be removed from the retina."

"We do not have a cure for diabetes or diabetic retinopathy. There is no magic single shot, and then you're done," notes Dr. Major. "We have only treatment, which is typically chronic and ongoing. The analogy works like a patient with high blood pressure. They take a pill, and their blood pressure goes down. If they stop taking those pills, their blood pressure goes back up, so patients need to maintain their treatment. If a patient puts off seeing an eye physician for years and years, they can have irreparable damage to their retina that could have been prevented by earlier treatment. Earlier diagnosis and treatment, if needed, is critical." ✦

The CE test for this article can be found on page 29.

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Social Media Marketing

Deadline: Postmarked no later than **January 1, 2025**

Credit: 2.5 AAMA CEUs (gen/admin) **Code: 143558**

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

T F

☐ ☐ 1. The U.S. Department of Health and Human Services requires providers to get written patient consent if the provider is emailing a patient about a new treatment for the patient's condition.

☐ ☐ 2. Patient complaints should be discussed with them on the telephone or in person rather than on a social media site.

☐ ☐ 3. Professional news media generally have a more stringent review process for making sure information disseminated to the public is correct than social media platforms.

☐ ☐ 4. One of the disadvantages of medical practices using social media is the high cost.

☐ ☐ 5. Health care personnel have a legal obligation not to disclose protected health information (PHI) on the internet, according to the Health Insurance Portability and Accountability Act of 1996.

☐ ☐ 6. Patient privacy rights are not violated, even if there is an impermissible disclosure of PHI, if the information is transmitted by encrypted means.

☐ ☐ 7. Vaccination reminders should not be posted on social media because doing so could attract individuals to the practice who do not need the vaccination.

☐ ☐ 8. The American Medical Association uses social media to communicate with the general public and the physician community.

☐ ☐ 9. Medical practices are permitted to use patient testimonials in their marketing and educational materials if a written consent form is signed by patients.

☐ ☐ 10. When responding on social media to a comment by a patient, the provider practice should not state that the individual is a patient of a specific provider.

☐ ☐ 11. Physicians have a legal and ethical duty to make sure that any medical information posted on their social media is accurate.

T F

☐ ☐ 12. Physicians may use social media platforms to interact with current patients but not with prospective patients.

☐ ☐ 13. Social media is a legitimate means of educating the public about health issues and threats.

☐ ☐ 14. Social media communications may be thought of as a form of marketing for medical practices.

☐ ☐ 15. Negative reviews of a health care provider on the internet should be responded to by a quick and strong dismissal of the negative review's substance.

☐ ☐ 16. Middle-aged adults use social media more frequently than younger adults.

☐ ☐ 17. Developing a social media strategy to attract new patients is considered unprofessional and should be avoided.

☐ ☐ 18. Syphilis is the most common sexually transmitted disease in the United States.

Diabetes and Eye Care

Deadline: Postmarked no later than **January 1, 2025**

Credit: 1 AAMA CEU (gen/clin) **Code: 143557**

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

T F

☐ ☐ 1. There are only two types of diabetes: type 1 and type 2.

☐ ☐ 2. The leading cause of new cases of blindness in adults aged 18–64 years is diabetes.

☐ ☐ 3. Diabetic eye disease is irreversible, and no treatment can cause lost vision to be regained.

☐ ☐ 4. Symptoms of diabetic eye disease occur early during the progression of diabetic retinopathy.

☐ ☐ 5. The macula is the part of the retina that is needed for central vision.

☐ ☐ 6. The body of a person with diabetes does not produce enough insulin or cannot use the insulin it produces as well as it should.

☐ ☐ 7. People with diabetes develop cataracts at a later age than people without diabetes, but the cataracts develop more quickly and are more serious.

T F

☐ ☐ 8. Gestational diabetes develops in fetuses and develops into type 1 diabetes.

☐ ☐ 9. Laser treatments can reduce swelling in the retina.

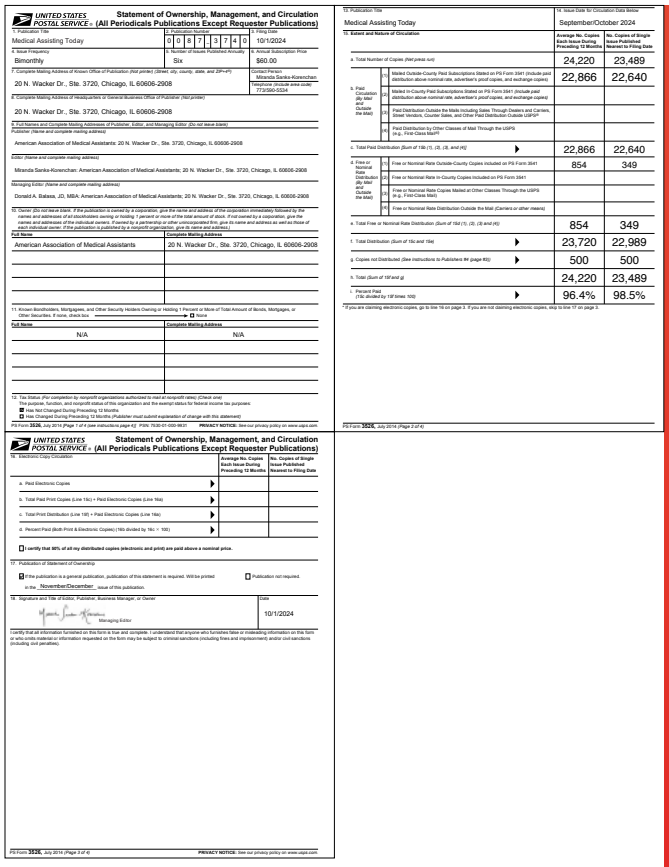
☐ ☐ 10. Only type 1 diabetes—not type 2 diabetes—affects the eyes.

☐ ☐ 11. Early detection and treatment of diabetic retinopathy can reduce the risk of blindness by 95%.

☐ ☐ 12. A person with type 2 diabetes should have a dilated eye examination as soon as possible after their diabetes diagnosis.

☐ ☐ 13. Type 2 diabetes is caused by an autoimmune reaction that prevents the body from producing insulin.

☐ ☐ 14. The retina is the inner lining at the back of the eye that senses light.



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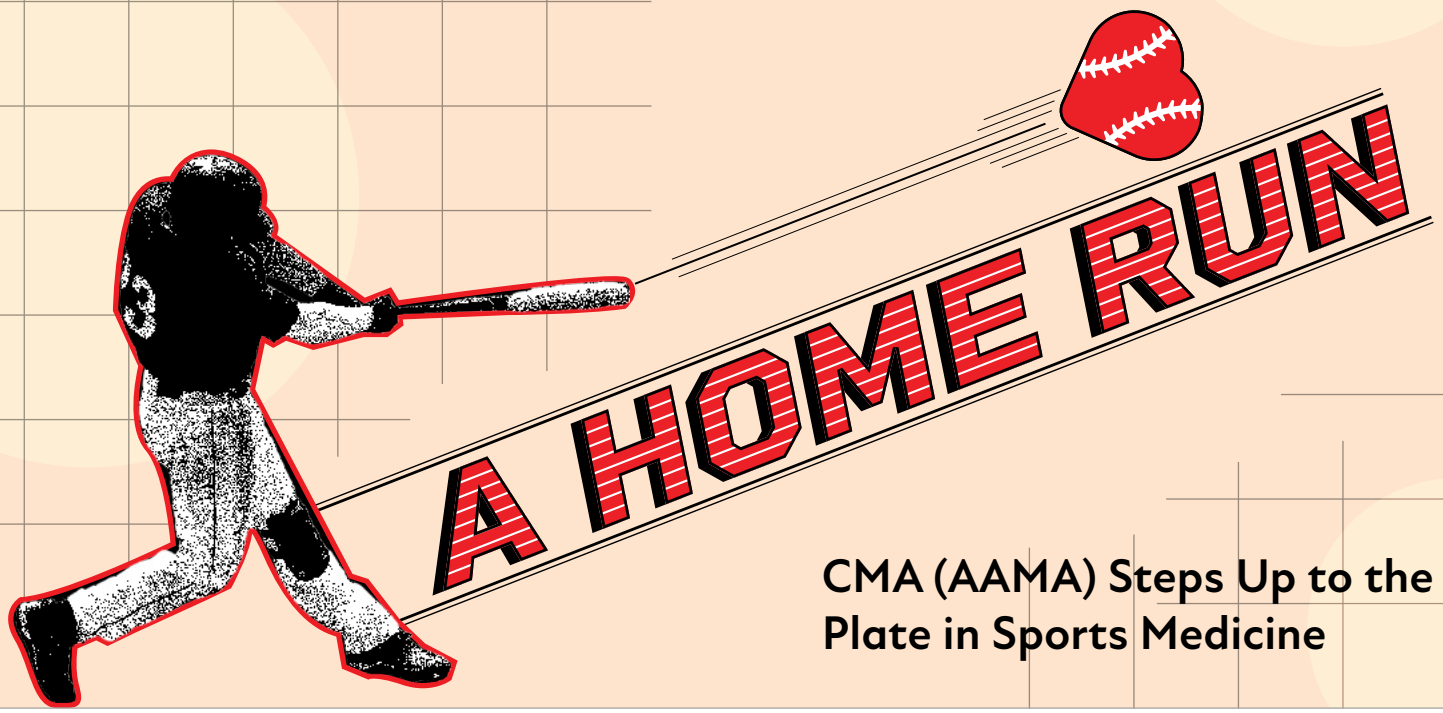

CMA (AAMA) Steps Up to the Plate in Sports Medicine

By Cathy Cassata

After retiring from the U.S. Air Force with 23 years of service, Mike Radke, CMA (AAMA), found himself experiencing an adjustment period. "The military lifestyle has structure—work, leadership academies, family services, cost of living allowances, et cetera," says Radke. "Then, as soon as you enter a civilian workforce [in which] everyone is on their own with less accountability, you face a thick brick wall that you have to either break through or climb over."

At a loss for what to do next, he began soul-searching, which led him to the realization that since 1991, his occupation has always been medically oriented.

"Ten years into my military service, I was selected to become a combat training instructor for [the] U.S. Air Force's European [headquarters]. Then, 9/11 changed everything. [I had] thirteen deployments, was one of the first boots on [the] ground supporting Operation Enduring Freedom, and [was] one of the original logistic coordinators for Operation Iraqi Freedom," says Radke. "I was also in charge of search and recovery operations and directed the regional mortuary collection point stationed out of Qatar."

After some self-reflection, he felt a calling to obtain medical assisting skills. In 2017, at 47 years old, Radke received an associate of occupational studies degree in medical assisting. For the next three years, he worked as a medical assisting educator in a neurology clinic and for Cancer Treatment Centers of America until it closed its Tulsa, Oklahoma, location.

"I was approached by [Oklahoma University (OU)] Health Physicians in Tulsa to work in their Center for Exercise and Sports Medicine clinic. I've now been here for three-and-a-half years," says Radke.

Part of his role includes supporting the teaching of medical students in the OU School of Community Medicine during their family medicine and sports medicine rotations. He assists shadowing residents and students when they are collecting patients' medical histories, taking patients' vital signs, and presenting the patient to the attending physician. "I loved teaching medical assisting students, and, in the military, I enjoyed engaging in combat training, but I never imagined I'd be a part of someone else's education again," says Radke.

His other day-to-day tasks involve caring for patients with bone-related injuries, such as knee and back issues. The clinic also treats concussion-related events, something near and dear to Radke.

"As a combat veteran, I've had many bone and joint injuries and three concussions, with one classified as a traumatic brain injury," he says. "When I initially see patients [with concussion], I know exactly what they're going through, and it's rewarding to support them."

He also gives back to his favorite pastime. Through the OU Sports Medicine Fellowship program, Radke helps administer medical support for the Los Angeles Dodgers Double-A affiliate minor league team, the Tulsa Drillers. OU Health Physicians in Tulsa also provides treatment to collegiate-level athletes.

"I was born and raised in California and grew up being a diehard Dodgers fan. Even though caring for professional athletes is just a fraction of my duties, it's an absolute honor and highlight of my job and life," he says.

Even so, connecting with patients in the community is what Radke thrives on most.

"As much as I love intermingling with professional competitive athletes, my most satisfying time is using my skills and personal experience to connect with everyday patients alongside a tight-knit sports medicine team," he says. "My life gave me ultimate success and total failure. It made me a better person and a worthy medical assistant." ✦

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