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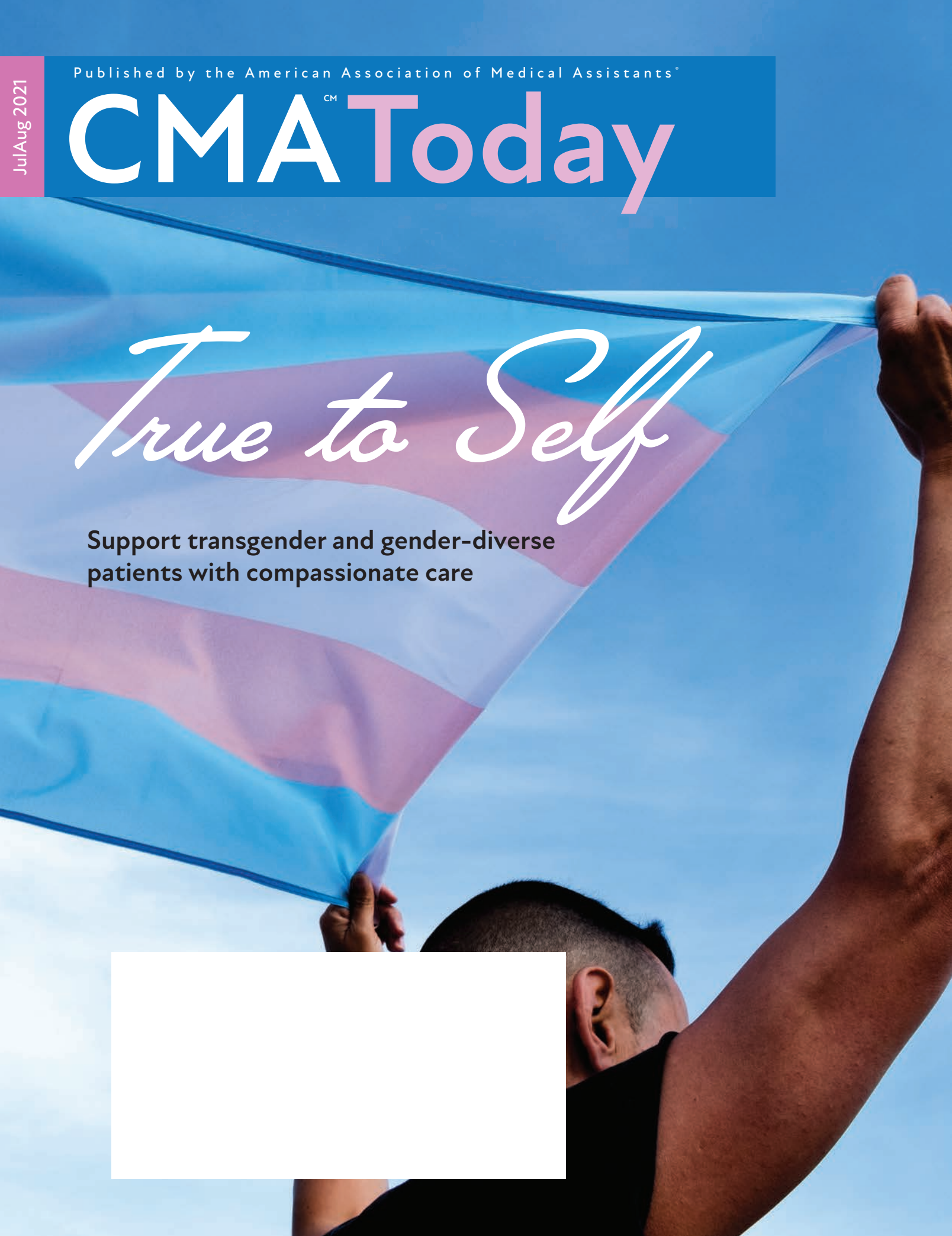


True to Self

Support transgender and gender-diverse patients with compassionate care

Hot, not-so-lazy days of summer

Summer is upon us, and most people are already experiencing hot summer weather. And the temperature is not the only thing heating up! This time of year is the perfect time to get fired up about becoming more active with the American Association of Medical Assistants® (AAMA) as a volunteer.

It's also a time of reflection. Personally, I have been thinking about what I can do for the AAMA. Curious about what *you* can do? One of the first actions you can take is to join us at the 65th AAMA Annual Conference in Houston, Texas, September 24–27, 2021. It will be in person, and we will be following the Centers for Disease Control and Prevention (CDC) and Texas state guidelines and recommendations. So check out the registration brochure on the "Conference" webpage of the AAMA website and register to join us for a seriously good time and a wide variety of CEUs.

I also want to encourage each and every one of you to step up to the plate and serve on the national level of the AAMA. Sign up by completing the AAMA Volunteer Leadership form (due August 1). If you are not sure what each position entails, review *Volunteer Leadership Position Descriptions*, which can be found on the "Members-Only Downloads" page.

As we anticipate exciting opportunities this summer, it is also nice to see more states return to something like normalcy! This past year has been one for the books—and one we don't want repeated.

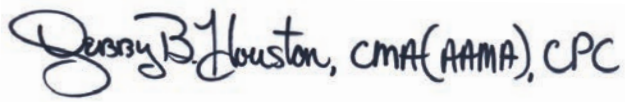
Despite challenges, the Board of Trustees (BOT) has been making progress with our committees and working to keep the AAMA moving forward. The BOT has experienced some major changes due to the pandemic. For example, we've all gotten used to having many Zoom meetings, but I *really* want to see all of you and your smiling faces in person again.

I am so honored to serve as your president, and I am grateful to have the opportunity to work with such a great team. Everyone has done so well adapting—stepping out of their comfort zones and overcoming challenges—and I am so proud of our AAMA leaders and members for excelling at their jobs even during difficult times.

This past year has been both challenging and rewarding, but I feel we—the BOT and this organization—have accomplished a great deal.

Now, it's *your* turn!

So, get up and take action! Get that AAMA Volunteer Leadership form completed and start deciding what to pack for your trip to Texas for the national conference. I'm looking forward to seeing everyone in person and being reminded of the comradery that exists between all medical assistants.



Debby B. Houston, CMA (AAMA), CPC
AAMA President, 2019–2021

AAMA® Mission

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

CMA (AAMA)® Certification

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

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CMA Today

12
Support transgender and gender-diverse patients with compassionate care
By Mark Harris

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Candidates for the AAMA Board of Trustees

Vice President

Deborah Novak, CMA (AAMA)

Improving recognition of our profession, credential, and organization through partnerships and allied health collaborations will continue to excel and position the AAMA. This is needed to help improve medical assistants' opportunities and wages. I will continue to provide advanced leadership and business management skills to support our members and organization.

Vital stats

Member: 1982; Certified: 1991

National volunteer teams

Chaired: Advisory; Annual Conference; Documents; Marketing; Membership Development; Partnership; Social Media

Served: Trustee; Speaker of the House; 2017 Annual Conference Education; Ad Hoc on Higher Education; Ad Hoc on Positioning Technology; Awards; Bylaws and Resolutions; Career Professional Development; Conference CE Sessions; Endowment; HOD Minutes; Leadership Development; MAERB site surveyor; Maxine Williams Scholarship; Nominating; Occupational Analysis; Strategic Issues Planning; Test Construction

Speaker of the House

Monica Case, CMA (AAMA)

My vision: greater recognition for the medical assisting profession and value of the CMA (AAMA)® credential. Continued expansion in education standards and the profession is crucial for collaborating with other health organizations. Increasing AAMA membership is vital. I am committed to lead, listen, and work with and for the members.

Vital stats

Member: 1987; Certified: 1989

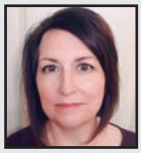
National volunteer teams

Chaired: Ad Hoc to Revise BOT Policies and Procedures; Awards; Leadership Development; Partnership; Strategic Issues Planning

Served: Trustee; Vice Speaker of the House; Ad Hoc on Higher Education; Advisory; Assessment-Based Certificate; Board of Trustees Observer to Occupational Analysis Workshop; Bylaws and Resolutions; Constituent Societies; Documents; Endowment; HOD Minutes; Maxine Williams Scholarship; Membership Development; Nominating; Research and Development

Vice Speaker of the House

Aimee Wicker, CMA (AAMA), PCMH CCE



I want the AAMA to be the organization for professional standards, knowledge, and education—to be the organization that members and employers see as the expert source for information. We need to set the pace for the whole country, ensuring that we are first in emerging job skills and technology.

Vital stats

Member: 1997; Certified: 1997

National volunteer teams

Chaired: Membership Development; Strategic Issues Planning

Served: Trustee; 2017 Conference Education; Advisory; Bylaws and Resolutions; Career Professional Development; Endowment; HOD Minutes; Marketing; Maxine Williams Scholarship; Partnership; Public Affairs Advocacy; Research and Development

Trustee

Sherry Bogar, BC-NC, CMA (AAMA)

I believe in our profession and the AAMA mission. Through collaboration with our partners in health care, we can move our profession to the forefront of health care. CMAs (AAMA) are dedicated to their education and providing quality, safe patient care, and that is why we set the standard of excellence.

Vital stats

Member: 2004; Certified: 2004

National volunteer teams

Chaired: Ad Hoc on Higher Education; Marketing

Served: Trustee; Annual Conference; Awards; Bylaws and Resolutions; Conference CE Sessions; Endowment; Leadership Development; Nominating; Partnership; Social Media

AAMA Award of Distinction: Medical Assistant of the Year (2018)

Natasha Geno, ATS, CMA (AAMA)

My vision as a CMA (AAMA) is promoting the CMA (AAMA) credential. I believe that I have integrity, always thinking of HIPAA and patients' right to confidentiality. I am always striving to seek more knowledge and leadership through my peers and, in return, ways to extend that to members.

Vital stats

Member: 2013; Certified: 2011

National volunteer team

Served: Nominating

Claire Houghton, CMA (AAMA)

I would like to continue to build great leaders from within each state society. We, as a medical assistant community, strive to include all who seek fellowship. With this fellowship we encourage and empower our membership to create strong bonds of family and friendship.

Vital stats

Member: 2002; Certified: 2003

National volunteer teams

Chaired: Editorial Advisory

Served: Trustee; Ad Hoc on Higher

Education; Bylaws and Resolutions; Endowment; HOD Minutes; Leadership Development; Marketing; Maxine Williams Scholarship; Membership Development; Test Construction

Candy L. Miller, CMA (AAMA)

Pride. Passion. Perseverance. I am proud *of my credential and promote it with pride. I am* passionate *about my career and always strive to be professional and the best I can be. I* persevere *when the going gets tough and never give up. Our career is worth fighting for.*

Vital stats

Member: 1978; Certified: 1981

National volunteer teams

Chaired: Continuing Education Board (cochair); Conference CE Sessions
Served: Leadership Development; Marketing; Membership Development
AAMA Awards of Distinction: Spirit of Medical Assisting (2006); Leadership and Mentoring (2016)

Diana Rogers, CMA (AAMA)

My vision for the medical assisting profession is a greater awareness and a sense of importance to all health care professions. I desire for the CMA (AAMA) credential to be preferred over all other credentials. Lastly, for the AAMA, I want an increase of members, unity, and membership longevity.

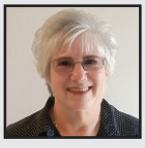
Vital stats

Member: 1997; Certified: 1997

National volunteer teams

Served: Marketing; Membership Development

Jane Seelig, CMA-A (AAMA)



My personal and professional growth and development is a direct result of my activity in the AAMA. Leadership, mentoring, and education are the strengths of our organization based upon our professional competency. My goal is to encourage our membership to demonstrate and share these strengths with our fellow professionals.

Vital stats

Member: 1979; Certified: 1981

National volunteer teams

Chaired: 2011 Annual Conference Education; 2008 Annual HOD Tellers; Awards; Bylaws and Resolutions
Served: Speaker of the House; Vice Speaker of the House; Trustee; Conference CE Sessions; Documents; Endowment; Membership Development; Membership Marketing; Nominating; Public Affairs; Strategic Issues Planning

Sandra Williams, CMA (AAMA)

I will take opportunities to mentor our members, encouraging them to stretch their skills and take on leadership roles within their chapter and state organizations and equipping them to serve on the national level. The organization's purpose is to promote the CMA (AAMA): this comes through the involvement of our members.

Vital stats

Member: 1987; Certified: 1987

National volunteer teams

Chaired: Practice Managers
Served: Continuing Education Board
AAMA Award of Distinction: Leadership and Mentoring (2019)

BOT qualifications

Thinking of running for the AAMA Board of Trustees? Check the *AAMA Bylaws* on our website (within the "Members-Only Downloads" section) to make sure you meet the requirements for nominations. Nominees have already been announced, but candidates may put forth nominations from the floor at the AAMA Annual Conference.

Digital badging is here!

If you certify or recertify on or after June 1, 2021, you will receive a digital badge instead of a paper certificate.

Got questions about your CMA (AAMA) digital badge or how to get one? Visit the "Digital Badges" webpage of the AAMA website—under the "CMA (AMA) Exam" tab—for answers to frequently asked questions. ✦

Join the CEB!

The Continuing Education Board (CEB) is looking for experienced volunteers to continue its mission of developing and administering quality continuing education opportunities for medical assistants.

Responsibilities will include remotely assisting with CEB projects as needed throughout the year, as well as travel to three annual meetings in late winter or early spring, summer, and fall.*

For more information, download the AAMA Volunteer Leadership form via the "Guidelines and Forms" webpage of the AAMA website (under the "Volunteers" tab).

**CEB members are reimbursed for travel to their annual meetings and are provided free lodging at the host hotels.* ✦

You can make a difference!

Reminder: AAMA Volunteer Leadership forms are due by **August 1**. ✦

The AAMA achieves legislative victories in Maryland and Washington

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

As recounted in previous Public Affairs articles, medical assistants have risen to the occasion during the COVID-19 pandemic by undertaking expanded duties such as nasopharyngeal swabbing, COVID-19 vaccinations, and telehealth functions. Medical assistants have shown themselves to be brave and self-sacrificing professionals who truly are dedicated to protecting and restoring the health of all Americans.

Medical assistants have been given opportunities to join with other health professionals in combatting the pandemic because of favorable federal and state legislation, executive orders, and official rules and interpretations by federal agencies such as the Centers for Disease Control and Prevention (CDC) and the Centers for Medicare & Medicaid Services (CMS). These developments have been chronicled accurately and quickly on the "State Scope of Practice Laws" section of the American Association of Medical Assistants® (AAMA) website, via my blog, *Legal Eye: On Medical Assisting*, and in *CMA Today*. The AAMA Board of Trustees, state society leaders, and I, with other AAMA staff, have worked together to not only protect medical assistants' scope of practice but also interpret and clarify how state laws permit medical assistants to assume their rightful front-and-center roles in the response to COVID-19.

State governments have continued to function during the pandemic, often through remote legislative committee hearings. State legislators have considered bills that have a lasting impact extending well beyond the pandemic. Two of the most noteworthy of these bills are the following examples from Maryland and Washington. These pieces of legislation will have precedential weight and influence on future medical assisting laws.

Maryland bill: Delegation to medical assistants

This Maryland bill was needed because the Maryland Nurse Practice Act did not give the Maryland Board of Nursing unambiguous authority to issue regulations that would permit advanced practice registered nurses (APRNs) such as nurse practitioners to assign to competent medical assistants the administration of certain types of injections. The following is an excerpt from the February 2021 written testimony on the bill submitted by the AAMA and the Maryland Society of Medical Assistants:

> This testimony is being submitted on behalf of the [AAMA], the national professional society representing over 80,000 members and CMAs (AAMA), and the Maryland Society of Medical Assistants, an affiliated state society of the AAMA, regarding 2021 Maryland House Bill 95 and Senate Bill 476. … This legislation would require the Maryland Board of Nursing to promulgate regulations clarifying APRN delegation to unlicensed assistants (which would include medical assistants).
>
> The AAMA and the Maryland Society of Medical Assistants urge the enactment of this legislation because permitting APRNs to delegate to competent unlicensed assistants a reasonable set of tasks (performed under APRN authority and supervision) would increase the availability of health care services for the people of Maryland without decreasing the quality of such services.
>
> An increasing number of states have authorized APRNs to delegate to unlicensed assistants certain tasks.

Washington bill: Supervision of medical assistants

On March 26, 2020, Washington Governor Jay Inslee issued an executive order loosening the supervision requirement for medical assistants. The Washington State Department of Health summarizes this order in an electronic bulletin[1]:

> The governor waived language in the medical assistant supervision definition in RCW 18.360.010(11) to allow all medical assistants to perform duties during the waiver period without a supervising health care practitioner physically present in the facility.
>
> This waiver changes the supervision requirement language to state, "(11) 'Supervision' means supervision of procedures permitted pursuant to this chapter by a health care practitioner who is immediately available." The department considers immediately available to mean that if the supervising health care practitioner is called by phone, [they] would answer or return the call immediately.[1]

During April 2021, the Washington legislature made the policy of this executive order permanent by passing legislation that inserted the following underlined language:

> (11) (a) "Supervision" means supervision of procedures permitted pursuant to this chapter by a health care practitioner who is physically present and is immediately available in the facility, except as provided in (b) and (c) of this subsection.
>
> (b) The health care practitioner does not need to be present during procedures to withdraw blood, but must be immediately available.
>
> (c) During a telemedicine visit, supervision over a medical assistant assisting a health care practitioner with the telemedicine visit may be provided through interactive audio and video telemedicine technology.[2]

Harbingers of the future?

These bills in Maryland and Washington reinforce two trends I have noticed in recent years and that I expect will be accelerating:

- Increasing numbers of medical assistants are working under the authority of nurse practitioners and physician assistants. These licensed providers appreciate the abilities of medical assistants—especially those who have graduated from accredited postsecondary medical assisting programs (or their equivalent) and hold the CMA (AAMA)® credential. Nurse practitioners and physician assistants want laws to be changed so their medical assistants can work to the top of their education and certification.
- As the COVID-19 pandemic has demonstrated, knowledgeable and competent medical assistants are capable of performing certain tasks under less stringent provider supervision. State legislatures and departments of health are realizing this fact and are amenable to loosening overly stringent supervision laws.

The AAMA will continue to monitor proposed legislation and regulations so that medical assistants will be better able to meet the evolving health care needs of all Americans without unnecessary and counterproductive legal impediments. ✦

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

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Utterly gutted

Lactose intolerance is hard to stomach

By Brian Justice

Lactose intolerance is so common that most people probably know someone who has it.

The simplest explanation of lactose intolerance is that people who have it are unable to digest the sugar in milk (i.e., lactose). As a result, drinking or eating foods that contain lactose can lead to a variety of symptoms[1]:

- Diarrhea
- Gas
- Bloating
- Nausea
- Stomach cramps

The condition is usually harmless but can be quite uncomfortable.

The underlying cause of the inability to digest lactose is that some people's small intestines do not produce enough lactase, the enzyme needed to break down that sugar.[1] Typically, lactase refines sugar into glucose and galactose, which are absorbed into the bloodstream through the intestinal lining. However, if one has a lactase deficiency, the lactose from food moves into the colon instead, where it interacts with bacteria, causing the signs and symptoms—and the discomfort and inconvenience—that characterize lactose intolerance.

For butter or worse

Approximately 70% of the population worldwide is estimated to be lactose intolerant to varying degrees, with heredity being a major factor.[2]

"You likely inherit your lactose intolerance from your parents genetically, and they inherited it from theirs," writes David Neville, writer for *Intermountain Healthcare* blog.[2] "For most people, lactose intolerance starts developing [when you are] a toddler and gets stronger as you grow up because your body reduces or eliminates the production of lactase."[2]

That mirrors the experience of Linda Ek, CMA (AAMA), who works at M Health Fairview in Minnesota. Her two youngest children, Elizabeth and Emily, are both lactose intolerant. Elizabeth's symptoms, which are more severe than her sister's, began when she was about 10 years old.

"She would eat ice cream and cheese or drink milk, then start experiencing cramping," Ek remembers. After Elizabeth visited her grandparents on weekends, when she enjoyed such treats, she started missing school on Mondays—so much so that her teachers asked about it.

"So, I brought her to the doctor, and then it was a trial-and-error kind of thing," Ek says. "We would eliminate certain foods, and it would get better." But the improvements became briefer and less frequent as Elizabeth grew up. Now, even over-the-counter remedies no longer help, and she controls her condition through diet, knowing that when she indulges there will be a price to pay.

Emily, on the other hand, started showing the same signs when she was somewhat older—around 12 or 13. However, she can enjoy dairy as long as she takes lactase (Lactaid) first.

Ek can attest to the hereditary aspect of lactose intolerance too. Her husband has symptoms, as does his mother, his sister, and his sister's children. By the same token, Ek's older children, two sons from an earlier mar-

Readers' digest solutions

"As a naturopathic doctor and licensed acupuncturist, I frequently use nutrition, or *food as medicine*, to help people who [have] different food sensitivities and intolerances," says Ellie Heintze, ND, LAc, an acupuncturist at Starting Point Acupuncture and Wellness in Bothell, Washington. "Many of my patients have chronic digestive issues, sometimes unexplained. I have found in my practice that many people who are lactose intolerant also have other allergies, and they benefit greatly from a diet that is 100% dairy-free."

Fortunately, many popular and appealing dairy-free choices are now available.[2] Plant-based milks are generally healthier because they do not contain the cholesterol normally found in animal products. Each type has its own unique taste profile and nutritional benefits[2]:

- **Almond milk** is low calorie and high in calcium and monounsaturated fat, which is good for the heart.
- **Coconut milk** is a mix of grated coconut and water that can be used in recipes and as a drink.
- **Hemp milk** resembles cream and is often used in coffee shops as a replacement for cow or soy milk.
- **Oat milk** is high in nutrition and has more calcium than cow milk.
- **Rice milk** is often fortified with calcium to offer similar taste and nutrients as cow milk.
- **Soy milk** is popular for drinking and cooking, and it has a high nutritional content.

riage, do not experience lactose intolerance.

"It's definitely inherited," Ek says. "It's from one side of the family, and the girls have it, and the boys don't. [The boys] can eat everything and anything they want!"

Got milk problems?

Physicians can easily perform testing to determine whether a patient has lactose intolerance.[2] One test involves patients drinking a solution of water and lactose and then, after a couple of hours, testing the patients' breath for high levels of hydrogen. Other tests look for elevated glucose levels in blood or acidity in a patient's stool sample. Chromatography tests or intestinal biopsies are diagnostic tools as well.[2]

Some patients may also opt to perform an informal test at home by consuming dairy in various amounts and then determining the effects 30–90 minutes later. Some people find that they can add small amounts of dairy to their diet and then slowly increase quantities to determine the threshold level of their tolerance. But such thresholds can change over time, so those with lactose intolerance should continue to monitor their reactions to dairy.

Cream of the crop

People with lactose intolerance are more likely to have low blood levels of vitamin D, an essential nutrient, according to study findings reported in *Journal of Nutrition*.[3] Specifically, the study of almost 1,500 men and women found that people with mutations in the gene responsible for lactase production (i.e., the LCT gene) also had low blood levels of vitamin D, which is often found in dairy products.[3]

Vitamin D is considered essential for good bone health, the absorption of calcium in the gut, and nerve functioning. All those functions are crucial for helping the body to stave off bacteria and viruses, so the study authors recommend that people with lactose intolerance increase their intake of vitamin D through nondairy sources.[3]

Brie careful

Lactose intolerance is so common that some people do not consider it an anomaly and instead see lactose *tolerance* as the outlier. Regardless, dairy is such a large part of most people's diets that limiting it—or eliminating dairy altogether—presents an inconvenience at best and an obstacle to health at worst.

The most effective solution for those who are lactose intolerant can be one of the most difficult to achieve: self-discipline and self-denial. At the end of the day, most people must determine for themselves what price they are willing to pay to enjoy a cheeseburger or a milkshake. ✦

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Global undertreatment of diabetes

Only 10% of people with diabetes are receiving the kind of comprehensive care that can reduce diabetes' complications, finds a study published in *Lancet Healthy Longevity*. While diabetes increases the risk of certain health issues (e.g., nerve damage, strokes, and heart attacks), focused care strategies—such as diet and exercise counseling and low-cost medication—can help lower those risks.

Researchers from the University of Michigan plus Brigham and Women's Hospital worked with global partners to examine data from more than 680,000 people between ages 25 and 64. The results not only revealed worldwide undertreatment of diabetes but also determined that nearly half of people with diabetes had not received formal diagnoses despite having a key biomarker of elevated blood sugar. Further, the study found gaps in specific types of diabetes care that highlighted the need to address cardiovascular disease risk factors and improve access to counseling. ✦

Improve staff communications

During the COVID-19 pandemic and other public health emergencies, health care staff may face unique issues at work and at home. While everyone may deal with these circumstances differently, health care crises can take a significant toll on the psychological health of medical staff.

Employers should face these challenges head on by providing support for staff, which can involve adapting how they talk and interact with their staff. *Physicians Practice* outlines several key actions leadership can take:

- **Be attentive.** Take notice of issues and acknowledge what people are going through. Make sure to check in with staff regularly to determine how they are doing.
- **Improve listening.** Show genuine interest in what people tell you, and practice active listening.
- **Communicate clearly.** Be as transparent as possible by letting people know what you know. Even if you lack answers, being up-front about that fact can help avoid negative assumptions.
- **Facilitate discussion.** Involve staff in solutions by asking them how leadership can support them. Provide space to talk about potential strategies.

Lasting preference for telepsychiatry

The health care system's transformation due to the COVID-19 pandemic has many wondering what changes will be permanent. One key shift in health care delivery was the increase in telepsychiatry. Convenience and a reduced risk of exposure to COVID-19 were paramount reasons for this growth, according to a recent study in *JMIR Formative Research*.

In fact, even as in-person options return, over half of the patients surveyed for the study said they were likely to continue with virtual visits. Those who were comfortable with digital technology were especially likely to report an interest in continued telepsychiatry. Conversely, participants who indicated they would likely not continue virtual visits cited preferences for face-to-face visits and lack of comfort with the technology.

While much remains to be seen, if this study, which was conducted in 2020, is any indication, the increase in telehealth options may be here to stay.

Best practices for overcoming vaccine hesitancy

In the interest of improving vaccination rates, the *Lancet Public Health* conducted a survey to determine what kind of messaging is most effective at improving attitudes toward vaccination.

As a result, researchers found that the most significant attitude changes occurred in people who were most strongly opposed to vaccination. Further, they determined that messages were most persuasive when targeting specific ideas:

- Described personal benefits of vaccination
- Emphasized the safety of the vaccine development process
- Combined *all* of researchers' arguments in favor of vaccination

William Schaffner, MD, a professor in the division of infectious diseases at Vanderbilt University Medical Center in Nashville, Tennessee, asserts that another critical component is treating hesitant patients with respect. He suggests seeking patients' opinions, listening carefully, acknowledging their concerns, and then addressing those matters specifically.

Resources for visual communication

Visual aids are a valuable tool for improving health literacy. In a literature review published in *Advances in Design and Digital Communication*, researchers determined that—when sharing health information during the COVID-19 pandemic—data visualizations promote accessibility, improve comprehension, help simplify critical theories, better spread health messages, and pave the way for greater social responsibility.

To help health care professionals with the development and use of visual communication, the Centers for Disease Control and Prevention has compiled various tools on their webpage "Health Literacy: Visual Communication Resources." These resources include places to find free health-related images and guides for choosing and creating effective images. ✦

Housing's impact on health

Health can be affected by countless external factors, but one influence hits close to home. The quality of a person's housing—including the location, physical condition, and social aspect—can directly influence their physical and mental health, according to Medical News Today. Several specific factors have been identified:

- Air quality
- Temperature control
- Hazards that may cause injury
- Presence of irritants (e.g., mold, asbestos, and lead)
- Space per individual
- Low-quality home systems (e.g., heating, plumbing, and air conditioning)

Additionally, the *Journal of Law and the Biosciences* found that individuals with poor housing conditions had an increased risk of developing severe complications as a result of COVID-19. ✦


AAMA
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True to

Support transgender and gender-diverse patients with compassionate care

By Mark Harris

Every individual deserves to be treated with respect when they visit their health care provider. Indeed, respect and courtesy toward patients constitute essential elements in a patient-centered approach to quality health care.

Every patient also has the right to be treated equally under the law—not to be discriminated against on the basis of race, ethnicity, gender, sex, or sexual orientation. Under the Patient Protection and Affordable Care Act (ACA) of 2010, health care providers are not allowed in most cases to refuse to admit or treat a patient because they are transgender, refuse to treat a patient according to their gender identity, or harass or otherwise fail to respond to harassment of transgender patients by staff or other patients.[1]

While there are indications of a more recent culture shift in favor of public awareness and support for the rights of transgender and gender-diverse individuals, social prejudice and discrimination remain forces to be reckoned with. An estimated 1.4 million adults, as well as 150,000 youths, in the United States identify as transgender, according to a 2018 *American Family Physician* report. About 1 in 4 transgender individuals say they have experienced unequal treatment in health care settings. Further, 19% of transgender individuals say they have been refused health care services altogether.[2]

The consequences of an unwelcoming health care environment are significant. About one-third of transgender individuals say they have avoided seeking recommended preventive services.[2] Evidence suggests disparities in cancer screenings among transgender and gender-diverse patients. For example, this patient population is less likely to be up-to-date on colorectal cancer screenings or to have been screened for cervical cancer.[3] Further, disparities are seen in mammography, cholesterol and blood pressure screening, human immunodeficiency virus testing, and influenza vaccination. Notably, half of transgender patients report they have had to educate health care professionals about the basic tenets of transgender care.[2]

Raise the bar

Essentially, health care providers should promote the goal of health equity—a supportive policy of openness and acceptance—for all transgender and gender-diverse patients.[3]

Notably, the World Health Organization decided to remove *gender identity disorder* from the forthcoming *International Classification of Diseases, Eleventh Revision* (*ICD-11*), which goes into effect January 1, 2022.[4,5] In *ICD-11*, gender identity disorder is replaced by the term *gender incongruence*, which can be considered a natural or otherwise normal variation on the continuum of human experience. Accordingly, gender incongruence will appear in *ICD-11* under the sexual health chapter instead of the

Using and respecting gender pronouns

Incorporate gender pronouns in everyday use with these strategies[12]:

- Edit your email signature to include your pronouns.
- Solicit gender pronouns during verbal introductions and check-ins. As names and pronouns can change over time, asking questions can keep your information current. Asking about a person's pronouns may initially feel awkward or uncomfortable, but it is better than making hurtful assumptions and using the wrong pronoun. Here are some ways you can do this:
  - "What pronouns do you use?"
  - "How would you like me to refer to you?"
  - "How would you like to be addressed?"
  - "Can you remind me which pronouns you like for yourself?"
  - "My name is Joshua, and my pronouns are he, him, and his. What about you?"
- Add your pronouns to social media. Platforms like LinkedIn and Instagram have options to add pronouns to your profile.

mental disorders chapter.[5]

In the United States, gender identity disorder was removed from the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (*DSM-5*) in 2012. In its place, the term *gender dysphoria* is used to describe the psychological distress some transgender individuals experience related to incongruence between their expressed gender and their assigned gender at birth.[5]

Despite ongoing legal controversies over transgender rights, including interpretations of the ACA, transgender and gender-diverse people do have basic protections under the law. Notably, civil rights protections against discriminatory health care practices have a solid legal foundation. Section 1557 of the ACA—which prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in certain health programs or activities—continues to be enforced by the U.S. Department of Health and Human Services.[6]

The American Medical Association (AMA) *Code of Medical Ethics* also takes a clear stand against discriminatory practices by physicians, including discrimination motivated by gender identity. The AMA *Virtual Mentor* journal states that "physicians who offer their services to the public may not decline to accept patients because of race, color, religion, national origin, sexual orientation, gender identity, or any other basis that would constitute invidious discrimination."[7]

Additionally, The Joint Commission's standards now prohibit discrimination based on sexual orientation and gender identity by accredited health care organizations.[8]

Fair play

Of course, prejudice or discriminatory practices are not the only ways patients are denied comprehensive and equitable health care. "There are many kinds of barriers to care for transgender and gender-diverse patients," says Shane Snowdon, MA, a longtime health educator and founding director of the Center for LGBT Health and Equity at the University of California San Francisco (UCSF). "One barrier to care is that many licensed providers, like physicians, may well not have gotten any training, either in their medical education or continuing education, on the health needs of transgender and gender-diverse patients."

More recently, medical schools and continuing education programs are trying to fill that gap. But while education in transgender health issues is certainly increasing, clinical training in this area of care remains incomplete for most U.S. physicians, suggests Snowdon.

"A licensed provider's ability to provide quality care to transgender and gender-diverse patients involves more than just clinical knowledge," adds Snowdon, who is currently a consultant to UCSF Health and a visiting scientist at the Harvard T. H. Chan School of Public Health in Boston, Massachusetts. "It's equally important to have information about how to relate comfortably and supportively to transgender and gender-diverse people. You could have all the clinical knowledge in the world, but if in your interaction with a transgender patient you seem startled or overinterested—or if you misgender them accidentally or deliberately—it isn't going to matter that much how much clinical knowledge you have."

Likewise, Snowdon emphasizes that frontline staff such as medical assistants should also be able to speak and relate comfortably with transgender and gender-diverse patients who are seeking care. "If the frontline staff are not doing so, that's also a huge barrier to care," she cautions.

Support network

Many larger academic medical centers are at the forefront of transgender health care services, offering clinical expertise in gender reassignment medicine, including surgery and hormone therapy. Some academic medical centers have also begun to pioneer wider staff training initiatives to promote organization-wide education on the needs of transgender and gender-diverse patients.

"We have developed different tool kits that we offer for trainings throughout our medical center," says Del Ray Zimmerman, director of the LGBTQ Health Program

and office of diversity affairs at Vanderbilt University Medical Center in Nashville, Tennessee. "We have a pretty large operation with 26,000 employees," says Zimmerman. "I would love to tell you that we offer systematic training that everybody is automatically enrolled in. We're not there yet, but we do offer on-demand trainings in which we get in front of groups in our clinics and hospitals at least two or three times a month. And that really goes a long way."

Notably, the medical center launched a comprehensive gender-affirming surgical program toward the end of 2019, reports Zimmerman. "In advance of that program going online, we provided lots of education to bedside nurses and frontline staff, and we were able to engage in some targeted training during that time," he says. "I would say our training efforts are ongoing, and we continue to look for opportunities. We've just embedded LGBTQ content into our nursing residency program, for example."

Vanderbilt's LGBTQ Health Program began in 2012 in response to a call from medical students who wanted more education in LGBTQ health issues. Today, education, research, and patient navigation services constitute the program's three pillars, explains Zimmerman. Among the program's many offerings are a transgender patient advocacy program, a community advisory board, and a transgender health clinic.

One unique initiative is the Trans Buddy Program, which pairs transgender patients with trained volunteers who, upon request, will accompany patients on health care visits. The presence of the volunteers can provide emotional support to transgender patients who might otherwise feel vulnerable accessing health services. This patient-centered approach aims to increase access to care and improve outcomes for transgender patients.

"The Trans Buddy program is a homegrown program and probably the first of its kind," says Zimmerman. "Today, we have 31 trained volunteers who accompany transgender patients to any kind of health care visit. That could be a clinic visit, in-patient stay, emergency room visit, or extended stay such as in our psychiatric hospital. Our volunteers provide emotional support to patients, depending on what the patient's needs are in a particular setting. You can imagine a transgender man going to an OB-GYN appointment where there may be some discomfort because that tends to be a space where the majority assisted are women. The patient might check in, and the patient account may have recorded their legal name and sex at the time of birth. So, there's potential for misgendering just when the patient checks in, depending on the training level of staff involved. The volunteers are just there to provide some real-time general education if something goes sideways. We never want the onus to be on the patient to provide that kind of education."

"Patients can also call and access our volunteers for information and referrals," says Zimmerman. "So [volunteers] are also doing some of the patient navigation work as an extension of what we do here in our office. Things do look a little different during the COVID-19 era, but our volunteers are available seven days a week from 8 a.m. to 8 p.m. For our patients here at Vanderbilt, it's really been a wonderful resource."

> "I do training on unconscious bias, which is a significant issue. Unconscious biases create undue health disparities. The No. 1 thing I would tell anyone to [help them] mitigate their unconscious biases over time is to actually get to know people in the transgender community. It's a wonderful and vibrant community, and I think that a lot of cisgender folks still don't have wide exposure to the transgender community. That creates some bias and misunderstanding. The only way to bridge that gap is to proactively go out and get to know the wonderful people in the transgender community. Once you get to know someone, it's harder to discriminate against them."
>
> —Del Ray Zimmerman

Trust is a must

Oregon Health & Science University (OHSU) in Portland is another leading health system that offers an array of transgender patient care resources. Their Transgender Health Program serves as a gateway for patients to access providers and services throughout the university health system. This includes helping patients find supportive primary care physicians, mental health therapy, referrals for gender transition–related services and clinics, and other patient navigation services. The program also connects patients undergoing gender-affirming surgeries with OHSU's Here4You volunteers, who visit and provide support to patients both perioperatively and postoperatively.

The OHSU program is also a resource for staff education and training on meeting transgender patients' health care needs. "One issue we will address in staff trainings is that of transgender patients being addressed by the wrong name or pronoun—or not having mechanisms by which their affirmed name, pronoun, [sex, and gender] can be recorded in the electronic health record," says Amy Penkin, MSW, LCSW, clinical program manager of the Transgender Health Program.

"When someone is not recorded accurately, that sets up problems in terms of whether [the patient is] addressed appropriately," explains Penkin. "This can create problems in terms of understanding someone's health care needs, both from a

Terms to know

Review important definitions from the University of California San Francisco LGBT Resource Center[13]:

LGBT: Abbreviation for *lesbian, gay, bisexual, and transgender* that is used as an umbrella term to refer to the community as a whole.

Cisgender: From the prefix *cis-*, meaning "on this side of" or "not across." A term used to call attention to the privilege of people who are not transgender.

Gender: A social construct used to classify a person as a man, woman, or some other identity. Fundamentally different from the sex an individual is assigned at birth and involves a set of social, psychological, and emotional traits that are often influenced by societal expectations.

Gender expression: How one expresses oneself, in terms of dress, mannerisms, behaviors that society characterizes as "masculine" or "feminine," or any combination of these things.

Nonbinary: A gender identity that embraces the full universe of expressions and ways of being that resonate with an individual. It may be an active resistance to binary gender expectations, an intentional creation of new unbounded ideas of self within the world, or both.

preventive standpoint and from an intervention standpoint, to ensure there is an accurate assessment of someone's anatomy."

Similarly, pronouns are a part of everyday life, and their use is not always given much thought. Yet, because common pronouns (e.g., she, he, his, and hers) often carry gender associations, health care professionals must make sure they are being used appropriately. To note, some gender-diverse individuals may use the pronouns they/them/theirs as a singular reference rather than he or she. Other, less well-known non-gendered pronoun alternatives are also in use.

In the health care environment, making incorrect assumptions about a person's preferred pronouns can be hurtful. The LGBT Resource Center at UCSF works to educate faculty and staff campus-wide on accurate and respectful use of gender pronouns, both with patients and university employees. As such, discussing and correctly using gender pronouns sends a message of support and inclusivity—that patients are in a safe and welcoming environment—to all community members, including transgender and gender-diverse individuals.

Penkin also observes that, in her experience, transgender and gender-diverse patients often have a mistrust of the health care system. "We hear questions from patients about whether tests or assessments are really necessary, for example," she says. "Are they done because someone's just curious to see a transgender body, or is it because it's medically necessary? In an academic health environment, a person might ask if it is necessary to have all these people in the visit to watch while they get examined. As well, are there questions being asked just because someone wants to know, or is it really relevant to the visit? For many people, these concerns contribute to an environment of care that feels unsafe."

In terms of care, Penkin notes there are structural issues that can impede care for transgender patients, such as insurance plans with exclusions that prohibit access to gender-affirming care. Even if coverage does exist, the question becomes whether the insurance provides access to in-network providers who are educated and aware of gender-affirming care.

"Ultimately, if someone can access care, but there are barriers in place in the environment in which they would be seeking care, this can also impact someone's sense of safety," says Penkin. "If someone doesn't feel safe, they could delay accessing care, and when someone delays accessing care, they are more likely to have worse health outcomes."

Overall, staff training is vital to ensuring welcoming, affirming care for transgender patients, concludes Penkin. Accordingly, OHSU sponsors a workforce training initiative that is available to all clinical, nonclinical, and administrative staff. For frontline staff (e.g., medical assistants and patient access specialists), the OHSU new-employee orientation includes an hour of training on gender affirming–care and trauma-informed care.

"We address issues that involve understanding the gender spectrum and how to interact respectfully with patients," says Penkin. "We'll talk about various clinical case scenarios, informed consent, and practices for when staff engage with patients hands-on to do vitals and how to go about that in a safe and trusting way."

Training should be comprehensive and answer questions staff might have. "There are a few themes we address as we train, and then we engage in scenarios to get people to practice," explains Penkin. "For example, what if you make a mistake? What do you do if you use the wrong name or the wrong pronoun? Another issue might involve obtaining consent. How do you go about asking those questions? What happens if you have to take vitals, for example, and someone says they don't want to? Or they're wearing a chest binder, and they don't want to take it off? What do you do when somebody doesn't want to do what you've been asked by the provider to have them do? We also bring up scenarios such as when you're giving instructions for collecting a urine specimen in a clean catch—how do you do that without using gendered language or the language of a specific genital organ? These are questions that can come up or variations on those themes."

Language lessons

Follow strategies from the Centers for Disease Control and Prevention to improve communication with transgender and gender-diverse patients[14]:

- Avoid pronouns or gendered terms like *sir* or *ma'am* when addressing new patients.
  - Example: "How may I help you today?"
- Use gender-neutral words such as *they* and avoid pronouns and gendered terms when talking to coworkers about new patients. Never refer to someone as *it*.
  - Example: "Your patient is here in the waiting room."
- Ask politely and privately if you are unsure about a patient's preferred name or pronouns.
  - Example: "What name and pronouns would you like us to use?"
- Ask respectfully about names if they do not match in your records.
  - Example: "Could your chart be under another name?" or "What is the name on your insurance?"
- Ask only for information that is required.
- Apologize if you make a mistake.

Kael Tarog, CMA (AAMA), is a patient access resource specialist with the OHSU program. In his work, he helps answer any questions patients have about the program or how to access various provider services, including surgery and mental health care. He also responds to emails, supports scheduling with social workers and psychologists, and assists with service requests that come in through the program's website from patients, allies, and providers.

Tarog worked for nine years at one OHSU neighborhood clinic, where a large number of transgender and gender-diverse persons were patients. As a transgender person, he served as a kind of unofficial guide for his colleagues on issues related to transgender care.

From his own experience, he offers perspective on what to do when an error is made in reference to someone's gender identity.

"When you make a mistake on some-

Defining *transgender* and *gender diverse*

The term *transgender* is often used to describe the full spectrum of people with a gender identity that differs from their assigned sex at birth. This includes people assigned male sex at birth who identify as female, people assigned female sex at birth who identify as male, and those whose gender identity falls outside of the traditional binary gender structure of man and woman.[11]

In turn, the term *gender diverse* describes a wider variety of gender identities, expressions, and lived experiences. Accordingly, *gender diverse* may be used by individuals who consider *transgender* too restrictive or narrow a descriptor of their identity or experiences.[11]

one's name and pronouns, and the patient corrects you, I would just thank them, acknowledge their name, and move forward," says Tarog. "Don't make a big deal out of it. In my personal opinion, I wouldn't even say 'sorry' because that kind of forces the patient to say, 'It's okay,' when it's really not okay.

"I also believe we should be practicing pronouns—just using them in general, everyday life," says Tarog. "I know it's kind of an adjustment because cisgender folks don't really practice using pronouns in everyday life. But when people practice sharing their personal pronouns, it invites and encourages other people to also share theirs. I think that can make an environment more welcoming. Language is very important. When frontline staff such as medical assistants and support staff are describing someone, I would try to avoid using gendered words like *man*, *sir*, *ma'am*, or *woman*. It also helps to not make assumptions about a patient's gender identity based on their outward physical presentation. I also go into doctor's offices as a patient, and I know for me personally as a transgender patient, those are small things that can go such a long way."

Put the patient first

What are the identified health care needs of transgender and gender-diverse patients? "The first thing that needs to be remembered but is often forgotten by everybody in health care is that the overwhelming majority of contact with transgender and gender-diverse patients is going to involve a condition totally unrelated to being transgender or gender diverse," observes Snowdon. "You're almost always meeting a transgender patient in the context of a condition that many other people who are not transgender have."

At the same time, behavioral health support can often be an especially important part of the health care needs of this patient group. This support might involve addressing a history of trauma or current depression and anxiety in a person's life. Further, transgender and gender-diverse youth and Black or other minority transgender patients may have unique needs for health and support services.

"We know LGBTQ people, in general, are more susceptible to certain mental health issues," remarks Zimmerman. "It's not because there is anything endemically wrong with LGBTQ people. That needs to be a fundamental understanding. We couch our discussions about mental health disparities around the idea of minority stress theory. This is a theory that was developed around ethnic and racial minorities. It's the best tool we have to explain why Black men, for example, are more susceptible to hypertension. It is because they experience microaggressions.

"What happens is that if you have this chronic low-level fear and anxiety, your body is going to release more cortisol over time," explains Zimmerman. "That creates a whole host of metabolic issues and certainly can affect mental health and physical health. We do know that transgender people are more susceptible to anxiety, depression, and suicidality. Transgender people also experience violence at pretty alarming rates."

To note, recommendations from behavioral health specialists are also often required for various gender-affirming medical procedures. The latter might involve surgical procedures such as hysterectomy, breast augmentation, and other procedures unique to transgender patients such as phalloplasty and vaginoplasty.

For transgender and gender-diverse persons, health care access is also impacted by larger systemic issues, adds Zimmerman. "We have a system in which you get your insurance traditionally through employment," he says. "There's rampant discrimination against transgender people in the employment sector. Consequently, we often encounter folks who are underinsured or uninsured, and yet they [need] medical care for lifesaving and life-giving services. There's real disparity around access issues."

These issues are compounded by the fact that transgender people are also more likely to delay care because of previous instances of bias and discrimination.

Change for the better

Significantly, the American Psychological Association and other professional organizations now consider efforts to convert a person's gender identity to align with their sex assigned at birth or otherwise to change their sexual orientation as unethical and psychologically harmful.[9]

Certainly, health care practices and standards will continue to evolve, driven both by advances in medical knowledge and efforts to identify and rectify inequities in patient care. To provide effective care, health care professionals must stay up-to-date and informed on gender identity issues as they impact the delivery of patient-care services. Fortunately, training and educational resources on transgender and gender-diverse health care are more widely available now than in the past.

"There is a lot of information out there, both for health care organizations and for individuals," says Snowdon. "Now, that information will continue to change as the needs of transgender and gender-diverse groups evolve, but much of it isn't going to change. This is because a lot of it involves questions like how you relate comfortably to a person who may be different from you."

Snowdon adds another important observation. "I think many health systems and individual providers may not realize just how many transgender and gender-diverse individuals they're likely to have in their communities," she says. Indeed, transgender

Gender-affirmative care

Pediatrics providers can use the gender-affirmative care model (GACM) to "offer developmentally appropriate care that is oriented toward understanding and appreciating the youth's gender experience."[10] Within this model, providers partner with youth and their families to facilitate a nonjudgmental environment in which youth can explore complicated emotions and gender-diverse expressions.

This supportive partnership should encourage voicing questions and concerns. A GACM emphasizes conveying certain messages[10]:

- Gender identity does not constitute a mental disorder.
- Variations in gender identity and expression are part of human diversity, and binary definitions of gender do not always reflect emerging gender identities.
- Gender identity may evolve as a result of biology, development, socialization, and culture.
- Existing mental health issues most often stem from stigma and negative experiences.

and gender-diverse people are everywhere. And gender identity issues are not confined only to particular or specialized areas of health care but impact care throughout the system.

"As we used to say in the early gay and lesbian movement, we are everywhere," concludes Snowdon. "The culture is changing, and there is more recognition now. … [Transgender and gender-diverse individuals] are our friends, our relatives, our neighbors, and our family members. They are us." ✦

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Gender identity

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T F

☐ ☐ 1. Health care providers discriminating against patients because of their gender identity or sexual orientation is illegal.

☐ ☐ 2. LGBTQ people being more susceptible to mental health issues is a myth.

☐ ☐ 3. Transgender and gender-diverse people undergo screening for cancer and other conditions at a lower rate than other people.

☐ ☐ 4. Chronic anxiety can have negative impacts on both physical and mental health.

☐ ☐ 5. Unconscious bias is one cause of adverse health disparities for the transgender community.

☐ ☐ 6. The U.S. Department of Justice enforces the section of the Patient Protection and Affordable Care Act that forbids discrimination in certain health programs.

☐ ☐ 7. Some insurance plans specifically exclude gender-affirming care from coverage.

☐ ☐ 8. The *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*, a publication of the American Psychiatric Association, employs the term *gender identity disorder* instead of *gender dysphoria*.

☐ ☐ 9. Both the American Medical Association *Code of Medical Ethics* and The Joint Commission accreditation standards prohibit discrimination on the basis of gender identity and sexual orientation.

☐ ☐ 10. Providing high-quality health care to gender-diverse and transgender patients requires sensitivity and positive interactions with patients as well as clinical knowledge.

☐ ☐ 11. *Transgender* is generally understood to be a broader, more encompassing term than *gender diverse*.

T F

☐ ☐ 12. In *International Classification of Diseases, Eleventh Revision*, which will go into effect January 1, 2022, the term *gender incongruence* will be classified in the mental disorders chapter instead of in the sexual health chapter.

☐ ☐ 13. All staff in a health care delivery setting—not just clinical staff—should be trained in how to appropriately and comfortably interact with LGBTQ patients.

☐ ☐ 14. Gender identity issues are not found in all regions of the United States because transgender and gender-diverse people live in only certain geographical regions.

☐ ☐ 15. A patient's sense of safety—and lack thereof—can negatively impact their use of health care.

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Plant parenthood

Looking for a new way to beautify your home? Not only do houseplants add some plantastic indoor greenery, but you also don't have to dig too deep to discover plenty of health perks, according to Healthline:

- **Reduce stress.** The *Journal of Physiological Anthropology* conducted a study that found that participants who completed an indoor gardening task had a lower stress response than participants completing a computer task.
- **Provide therapeutic benefits.** People with symptoms of mental illness may experience increased feelings of well-being via horticultural therapy, reports *BJPsych International*.
- **Increase productivity.** A variety of studies provide evidence that the presence of plants in a workspace can bolster one's work rate.
- **Improve air quality.** As far back as the 1980s, research has supported the idea that indoor plants can help remove contaminants from the air. While more recent research suggests that you would need *many* plants to efficiently purify the air, several plant species (e.g., Boston ferns, rubber trees, bamboo palms, and spider plants) have been found to be more effective at freshening the air.

Water you waiting for? It's time to grow for it and get some indoor plants! ✦

Choose your own healthy adventure

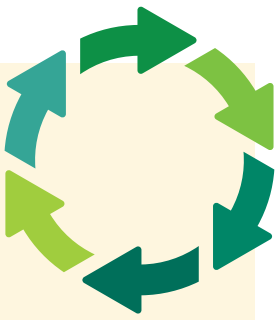
Every day is filled with choices. And sometimes the sweeter short-term option (e.g., a candy snack) is more appealing than the alternative with long term-benefits (e.g., a vegetable snack). However, self-nudging may be instrumental in making healthier choices, suggests *Behavioural Public Policy*.

The idea behind self-nudging is that people can modify their environments in a way that encourages better choices. Four categories of self-nudging tools can be implemented:

- **Reminders and prompts** encourage good behaviors and keep goals at the forefront of people's minds.
- **Different framing** repositions a choice so that instead of the decision being jogging versus staying home, it becomes a decision between health and poorer aging.
- **Reduced accessibility** makes unhealthy choices less convenient (e.g., disabling social media notifications).
- **Social pressure and self-commitments** promote accountability by making decisions more public.

Set yourself up for success by adapting your environment into one customized to encourage the kinds of decisions you are proud to make! ✦

In the loop



Negative thoughts are a part of life, but sometimes those negative thoughts can become repetitive and destructive, taking a toll on mental and physical health. These thought patterns, sometimes known as *loop thinking*, can be broken with mindful practices.

Psychology Today recommends using several approaches. In the short term, practice shifting your focus away from negative thought loops with relaxation techniques (e.g., meditation, exercise, and socialization).

For reducing loop thinking in a more long-lasting way, ask yourself questions to get at the root of your thoughts. For example, if a thought loop centers on a specific situation, question how you responded to, felt about, learned from, and grew as a result of that experience.

Breath of fresh air

The power of lungs might take your breath away. Therefore, taking action for healthier lungs is an essential part of self-care. So, take a breather and enjoy some tips from *Health* on how to keep your lungs—and therefore the rest of your body—in fine form:

- Manage chronic conditions, which can create respiratory complications.
- Avoid smoking, vaping, and breathing noxious fumes and pollutants to lessen the risk of lung disease and infection.
- Get all vaccinations recommended by the Centers for Disease Control and Prevention to prevent the development of influenza pneumonia.
- Eat plenty of healthy foods, particularly cruciferous vegetables (which studies suggest can reduce the risk of lung cancer) and nuts (which can decrease the risk of dying from respiratory disease).
- Work out your lungs by getting 150 minutes of moderate (or 75 minutes of vigorous) activity per week.
- Use yoga—particularly its stretching and breathing activities—to bolster your lung function and ability to exercise.

Bye-bye, sugar high

When needing an energy boost, a common instinct is to reach for a sweet treat. But too much sugar has a plethora of unhealthy side effects. Combat sleepy mornings and afternoon slumps with even sweeter—and healthier—alternatives for energy from the Guardian:

- **What a rush.** Exercise doesn't have to just tire you out. Used correctly, it can give you an energy boost. Aim for achievable goals, such as 10 minutes of walking or stretching.
- **Best thing since sliced bread.** Carbohydrates may have a bad reputation, but they actually provide glucose, which is the body's preferred source of energy. Balanced with protein and healthy fats, carbs can provide long-lasting energy throughout the day.
- **No candy-coating.** If you're frequently feeling fatigued, consider visiting your physician to check whether you are lacking essential nutrients. Both iron and vitamin D deficiencies typically cause tiredness.
- **Naturally sweet.** Spend time outdoors and engage with nature. Even just 10 minutes outside can provide an invigorating effect, finds research from the University of Rochester. ✦

Oh, kale yes

If you're looking for a way to add more nutrition to your diet, it may be time to go green. Kale is one of the most nutrient-dense foods and offers a bounty of health benefits, according to Everyday Health.

This vegetable keeps calories low while offering a good source of fiber, protein, calcium, magnesium, potassium, and vitamins A, C, and K. As a result, studies have shown kale can be effective at lowering the risk of heart disease, protecting vision, promoting healthy blood clotting, improving skin health, and more.

Need to see to be-leaf? Whether raw or sautéed, kale can be used in a multitude of ways: it makes a great addition to salads, soups, pestos, and smoothies. ✦

Bank on it

Budget skills you can count on

By Pamela M. Schumacher, MS

Budgets—love them or hate them—are the key to success for any medical practice. Budgets can provide warning signs of financial trouble and fraud and help make large purchases less disruptive to cash flow.[1] When properly executed, a proactive, comprehensive budget gives a practice the ability to track results, identify areas of concern, and quickly intervene when issues arise.

Fund-amentals

To be effective, a budget should itemize the major revenues and expenses associated with running a medical practice. Once the practice manager understands the financial picture, realistic short- and long-term goals can be set.

"A budget is absolutely essential to running a practice," says Akash Madiah, chief financial officer of the Medical Group Management Association (MGMA) in Englewood, Colorado. "[An annual budget review is] the one time of year when you review what happened over the last 12 months and forecast where you want to be in the coming year. If you don't have a forum for understanding where your money is coming from or where it's going, you may be unable to deal with unexpected emergencies."

"The budgeting process can be a complex and cumbersome task, which is why some practices choose not to do one," says Sharon Smith, CMPE, CPPM, CMA (AAMA), CPC, COC, MBS, a practice manager at Virginia Beach Surgery in Virginia Beach, Virginia. "However, it is a great tool to track and identify day-to-day financial operations and the fiscal health of the practice. Having a budget allows for planning or forecasting of the future of the business and making adjustments along the way."

Fit the bill

Budgets come in many variations, depending on the size, needs, and complexity of the practice. All budgets should be realistic, flexible, and consistent with a practice's goals and objectives.[2]

Smith explains that an annual budget allows practices to stay on top of their financial health. She recommends that the practice manager and shareholders be involved in the budgeting process. "Also seek feedback and input from physicians if they are not the shareholders and any heads of departments, such as clinical, administrative, and billing," Smith recommends. "They will be expected to work within the limits of the budget and will have valuable insight into operations and feedback on expectations."

Madiah agrees and adds that bringing in operational people helps ensure that all have joint accountability for meeting budgeting goals. "It's best to create an annual budget that lays out expectations for the practice in the coming year," he says. "This should include how many patient visits are expected and what staffing, supplies, and capital expenditures will be needed. A great place to start is by assessing what happened in the previous year and applying it going forward."

When preparing a budget, the Practice Management Institute advises following these steps[3]:

- **Gather about three years of financial data.** Key factors to consider include patient volume, collection percentages,

costs of medical and office supplies, and all staff salaries.

- **Review expenses.** Look for areas where costs can be reduced, especially where expenses have been increasing. Also review service contracts (e.g., janitorial, laundering, credit card companies, and answering services). If staff are unsatisfied with the level of service and cost, it may be time to change vendors.
- **Evaluate standard- and managed-care fee schedules.** It may be useful to purchase a physician fee schedule analyzer to check whether your fees are competitive.
- **Create, review, and discuss a wish list of purchases.** These items should address both clinical and administrative ideas for improving practice efficiency and the bottom line. Determine whether any new item or service contract will increase efficiency, reduce costs, provide a patient benefit, and be affordable.
- **Assess all factors and calculate projections for the upcoming year.** Projections should consider both variable and fixed expenses and may require a cost analysis of specific services or departments.

While planning is critical in creating a budget, being realistic and flexible is also key. Operating a medical practice can be unpredictable, and practice managers may need to move money around between budget areas or reserve funds.[2] For example, a 2020 MGMA study showed that 9 out of 10 practices experienced negative financial impacts because of decreased patient volume and revenue due to COVID-19 shutdowns.[4] If something comes up, such as a COVID-19 shutdown, practices can use reserve funds to maintain cash flow.

Be accountable

A budget is a valuable tool but only if it is consistently monitored. Scheduling regular budget reviews with executive staff and department managers keeps the practice on track and maintains financial stability.

"For better or worse, a budget can help you get to the root cause of any fluctuations," says Madiah. "If outpatient visits dropped by 25% last year, look closely at the number to gain insights and determine what will drive volume for next year. If you can, get to the most granular level of patient data to gain insights into future visits. Then, determine the expenses related to those visits. For example, if you have a pediatric practice, in a normal year, you will get a lot of visits in late summer before school starts, and you'll want to have vaccines and staff available to handle the influx."

Smith reviews her budget quarterly for variances. "If you don't review the budget regularly, you may miss important trends and not realize there's been a steady increase in costs or a steady decline in revenues until it becomes a significant issue," says Smith. "Income and revenue variances are red flags. If you find them, drill down to review the details to understand where the variances occurred, note your findings, and adjust the budget, if necessary."

Although preparing and adhering to a budget is not *direct* patient care, it can have a big impact on the health and well-being of the patient population. "Sure, my excel spreadsheets don't save lives," says Madiah, "but having a well-thought-out budget helps providers take care of patient needs." ✦

Get your money's worth

Sharon Smith, CMPE, CPPM, CMA (AAMA), COC, MBS, offers these money-saving tips gleaned from more than 32 years in a medical practice and eight years as a practice manager:

Supplies

- Look at the frequency of use and consider ordering a larger quantity if it yields better pricing. Be aware of expiration dates. If you are unsure, contact the supplier so they can give you a better idea of the shelf life.
- Join a group purchasing organization (GPO) to obtain special rates. Sometimes prices are better if you buy directly from the supplier or manufacturer. Research higher-priced items, especially medical equipment.
- Check with the physician before changing important medical supplies. A different brand may be cheaper, but it may affect patient care or clinical outcomes.
- Ask suppliers whether they can provide samples of less expensive products before ordering.

Staffing

- Evaluate overtime and associated policies.
- Consider staggering staff times to avoid overtime.
- Engage staff in ideas to increase efficiency. Offer incentives if there is an increase in efficiencies or reduction of costs.

Fixed costs

- Review contracts periodically and consider seeking additional estimates to be sure your rates are competitive. Contracts to focus on may include accounting, malpractice, equipment servicing, and business insurance.

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REALITY CHECK

Use simulation to improve real-world skills

By John McCormack

A medical assisting student at Northern Essex Community College (NECC) showed up for the first day of her clinical rotation at the local hospital and within minutes found herself dealing with patients who had been involved in a serious car accident. Fortunately, she handled everything that was thrown at her with poise.

"She had been there less than an hour, and this trauma case was brought in," says Kathleen Welch Hudson, MSHS, CCMA, department chair of health care technology and ambulatory services and program director of the medical assistant program at NECC in Haverhill, Massachusetts. "The doctors and nurses immediately gave her a number of things that were within her scope of practice to do. She was very comfortable doing everything asked of her because she had previously gone through training in a simulated trauma room at the college."

This anecdote illustrates the value that simulation (i.e., "an artificial representation of a real-world process to achieve educational goals through experiential learning"[1]) can bring to medical assisting education programs. Such simulation comes in many forms[2]:

- Manikins
- Standardized patients (i.e., actors)
- Part-task trainers
- Virtual reality

Get with the program

Although simulation has been used for many years, technological advances now enable educators to create more realistic scenarios. For instance, classrooms can access highly accurate simulators that have breath sounds, heart tones, and palpable pulses.[3] Additionally, 3-D virtual reality can replicate real-life situations. As such, students no longer need to use manikins that cannot interact.[3]

Further, many vendors now offer eyeglasses that virtually show real environments. Students look through the lenses and see themselves performing tasks in health care settings, according to Amy Daniels, PhD, RN, CHSE, an assistant professor and director of the Debra L. Spunt Clinical Simulation Labs at University of Maryland School of Nursing in Baltimore.

Like many other schools, Jackson College in Michigan is taking advantage of these advances, according to Kristin Spencer, PhD, MBA, BHSA, CMA (AAMA), RMA(AMT), AHI(AMT), professor and program director of medical assisting and other health sciences programs at the community college. For example, the school purchased a simulation infant that moves and cries and that students can perform examinations on. This technology "provides students with an introduction to skills prior to performing them on live subjects," says Dr. Spencer. "Our baby allows students to perform weight and other measurements with a baby that is more lifelike, as it is moving and reacting as a normal baby would."

Unreal benefits

When used properly, simulation serves as a "bridge between classroom learning and real-life clinical experience," according to the Society for Simulation in Healthcare (SSH) in Washington, DC.[4]

"The research has shown that we learn—and retain—better when we are immersed in a situation that mimics something that we would encounter in real life," says Juli Maxworthy, DNP, PhD (c), MSN, MBA, RN, CNL, CPHQ, CPPS, CHSE, FNAP, FSSH, 2021 president of SSH and associate professor at the University of San Francisco School of Nursing and Health Professions.

In fact, an analysis in *Review of Educational Research* concludes that "simulations are among the most effective means to facilitate learning of complex skills across domains."[5] Overall, simulation provides a bevy of benefits:

- **A full array of experiences.** "In the simulation laboratory, students get the opportunity to participate in a way that they would not be able to otherwise," says Dr. Maxworthy. "For example, the chance to participate in a code [i.e., emergency] situation is very uncommon for any student. But in a simulation laboratory, a student can

play multiple roles, and when the event does occur, they are much better prepared."

- **Increased patient safety.** "The biggest benefit is [that simulations] provide the learners with a place to practice skills in which patients won't be harmed," says Dr. Daniels. "Students can practice skills as many times as necessary to get them perfected without doing any harm to patients."
- **Opportunities to perfect hand movements.** "Many of the skills that are used in clinical care require practice because they're manipulation skills," explains Dr. Daniels. "For example, when giving an injection, you use one hand to hold a syringe and the other hand to hold the skin. And then with the hand holding the syringe, you also use your thumb to push the plunger of the syringe in at the same time. Simulation gives students that first opportunity to try a skill with fumble fingers. Then when they go into the clinical practice, they have already done it several times."
- **Enhanced critical thinking.** "Learners have to think on their feet during the simulation, and they learn to critically think much more quickly," notes Dr. Maxworthy. "They also fail many times, and we all know that we learn more by what we don't do well. Those learnings carry over to the clinical environment very well and empower the learner with skills that will help them be successful."

The real challenges

With simulation's benefits to education come challenges as well.

Cost is a common stumbling block. To determine whether a simulation investment is worthwhile, leaders should perform an economic evaluation, which will provide a comparison of value[6]:

- What is acquired
- What, if anything, needs to be given up to compensate for the purchase
- How does what the organization gets compare to the next-best alternative

To make simulation more affordable, NECC invests in technologies that can be used by multiple departments such as medical assisting, nursing, and respiratory therapy, explains Welch Hudson. "We all play really nice in the sandbox with each other, and we share," she says.

Additionally, institutions either need to hire educators who know how to use the equipment or train their current educators to use simulation. "Many programs have manikins in closets with very few people knowing how to operate them," Dr. Maxworthy says.

Perhaps most importantly, educators should use the technology to support learning objectives—its true function. "Frequently, educators want to bring simulation into the classroom because it's cool," notes Dr. Daniels. Nevertheless, its cool factor is outshined by the value of linking simulation activities to learning objectives and preparing students for unpredictable patient care experiences without compromising quality. ✦

Simulation meets COVID-19 challenges

Simulation has become especially useful during the COVID-19 pandemic.[7]

"The pandemic has provided an opportunity for health care simulation to shine," asserts Juli Maxworthy, DNP, PhD (c), MSN, MBA, RN, CNL, CPHQ, CPPS, CHSE, FNAP, FSSH. "The community has been able to help health care educational programs to pivot to distance learning."

For example, Kristin Spencer, PhD, MBA, BHSA, CMA (AAMA), RMA(AMT), AHI(AMT), provided Jackson College students with supplies via curbside drop-off and pickup. The students then used simulation to practice skills such as first aid, bandaging, minor surgical procedures, and handwashing.

"This platform provided students with the ability to perform each required step," Dr. Spencer says. "This allowed us to have fewer skills they had to perform once back in the laboratory."

Kathleen Welch Hudson, MSHS, CCMA, also leveraged simulation at Northern Essex Community College. "Some clinical sites are still not comfortable having outside people come in," she says. "So, we have used simulation in these situations. If we didn't have simulation, we wouldn't have been able to graduate all of our students on time."

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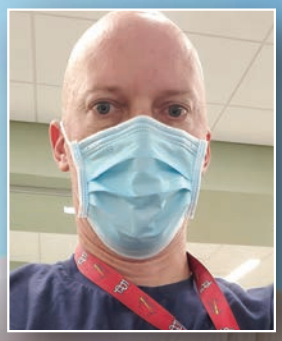
Switching gears



Medical assistant turns from human resources to human care

By Cathy Cassata

As the only one in his family to graduate from college, Mark Zaragoza, CMA (AAMA), EMT-B, was excited to also be the first in his family to obtain a master's degree in human resources management.

"I temped at a few places, but after several years of not being able to find a permanent job and being told 'you don't have enough experience,' I knew it was time for a change," says Zaragoza.

His wife, who has worked as a nurse for years, suggested he consider the medical field. At first, Zaragoza laughed off her idea, but after pondering the notion for a few weeks, he decided to research opportunities. Medical assisting sparked his interest.

"I knew this would mean that I would have to go back to school and essentially start over," he recalls. "I took the leap of faith and started applying to schools."

He was accepted into Coleman College for Health Sciences at Houston Community College in Texas. Right away, Zaragoza flourished: he received two scholarships based on merit, was voted Most Outstanding Student, and was elected class president.

"It felt like I was exactly where I should be," says Zaragoza.

To gain experience in addition to an internship before graduation, Zaragoza volunteered at a local hospital—primarily in the emergency room—handing out blankets and getting a feel for the environment.

"It was a great way to envision working with doctors and nurses and helping patients," he says.

He also volunteered at the American Red Cross, performing first aid and CPR, and for a short time, he held a paid part-time position teaching first aid and CPR classes.

When he graduated from his medical assisting program in 2010, he immediately earned his CMA (AAMA)® certification and shortly after landed a job at a cardiology practice, where he worked for about a year. For the next two-and-a-half years, he worked in a hospital on the medical-surgical floor.

While working as a medical assistant, he continued his education at Lone Star College and became an emergency medical technician (EMT) in 2013. Shortly after, he answered an advertisement for a local Houston fire department and volunteered as a firefighter for almost two years.

Then he and his wife relocated to Dallas, Texas, where he worked as an EMT for two years.

"I currently hold both EMT and CMA (AAMA) credentials and plan to keep up with both," explains Zaragoza. "Both [certifications] require CEUs [continuing education units] to maintain, and both [have CEUs that] cross over, which is great. While there are different skill sets for both positions, they are also similar in a lot of ways."

In 2016, he left his EMT job when he was offered a full-time medical assisting job with UT Southwestern Medical Center at a pulmonary clinic. After a year, he transferred to an ear, nose, and throat (ENT) clinic for three years. However, in an effort to expand his skills and gain experience, he switched over to a rheumatology clinic in 2021.

"I was ready for a change and challenge," says Zaragoza.

His days consist of rooming and discharging patients, routing medication refills, performing blood draws, and assisting with ultrasounds and injections. His favorite part of the job is patient interaction—something he enjoyed in all his volunteer work too.

"I get to make a difference in someone's life," says Zaragoza. "In today's society, it's important to be a light for someone, even if it's in little ways. Sharing a smile and showing them that someone genuinely cares about them and their health is really what it's all about." ✦

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