

# Medical Assisting Today

The Magazine for Professional Medical Assistants



The Heat Is On for  
Medical Practices  
to Prevent Medical  
Identity Theft

# Here Comes the Sun

Summer is here, and with it, numerous opportunities to have fun and get involved with the AAMA.

I am thrilled to report that the summer Board of Trustees (BOT) meeting was a success, which takes collaboration and dedication. The BOT continues to lead the organization and instigate new ideas and initiatives to make the AAMA the best it can be. Additionally, we continue to work to help medical assistants be at the forefront of the health care profession, providing immaculate patient care. This is why we do what we do.

When I was a student, I never could have imagined how far I would have come in leading this organization. My journey began as a member of my local chapter, being mentored in the state, and encouraged to share my knowledge and serve on the national level. Climbing the ranks of the AAMA has been one of the most rewarding parts of my life, professionally and personally. That is why I encourage you to volunteer, join your local chapter and state society, and attend the national conference each year. I guarantee you will grow as a medical assistant and meet wonderful friends. You will be amazed at how invigorating it is to be a part of this community.

The BOT voted and approved accepting applications to the Bylaws and Resolutions Committee by active AAMA members with experience as a state society or chapter officer. This change will be reflected on the AAMA Volunteer Leadership Application for the 2024–2025 term. I encourage you to consider becoming a volunteer leader by submitting the AAMA Volunteer Leadership Application by August 1. You will not regret taking this step in becoming a leader in this organization.

Additionally, the AAMA website is progressing with the rebuild and many new and exciting features are to come later this year. The members were heard, so look out for more developments as the year progresses toward conference.

Do not forget to join us for the 68th AAMA Annual Conference, “Strength in Learning,” September 20–23, 2024, in Grand Rapids, Michigan. Conference is quickly approaching, and it offers excellent continuing education, opportunities to meet fellow members, and networking with leaders. Do not forget to attend the open BOT meeting for more updates on this year’s progress. This year’s Welcome and Awards Celebration’s theme is “A Night amongst the Stars.” Come join us in honoring this year’s Excel Award winners.

On behalf of the BOT, thank you for your continued efforts as health care professionals and members of this wonderful community. Please do not hesitate to reach out as I am always available to AAMA members. You can email me via [President@aama-ntl.org](mailto:President@aama-ntl.org).

*Monica Case, CMA(AAMA)*

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



## AAMA<sup>®</sup> Mission

The mission of the American Association of Medical Assistants<sup>®</sup> 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)<sup>®</sup> 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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## Candidates for the AAMA Board of Trustees

### President



**Virginia Thomas, CMA (AAMA)**

*As states continue to see a decrease in membership, I plan to continue to work with leaders to create ideas to increase membership. I will continue to encourage potential leaders to invest in themselves and seek active leadership roles within their state and nationally.*

#### Vital Stats

Member: 2001; Certified: 2002

#### National Volunteer Teams

**Chaired:** Bylaws and Resolutions; Documents; Leadership Development; Marketing; Membership Development; Social Media; Strategic Issues Planning

**Served:** Secretary; Trustee; Advisory; Annual Conference; Awards; Conference CE Sessions; Endowment; HOD Minutes; Maxine Williams Scholarship; Maxine Williams Scholarship Fund Board of Directors; Nominating; Partnership

### Vice President



**Sherry Bogar, CN-BC, CMA (AAMA)**

*I believe in the AAMA and our leadership in their efforts to continue to strengthen our profession and lead us into the future. The AAMA will continue to set the standards for the medical assisting profession while protecting all medical assistants' rights to practice and continuing to bring recognition to our profession.*

#### Vital Stats

Member: 2004; Certified: 2004

### National Volunteer Teams

**Chaired:** Ad Hoc on Higher Education; Awards; HOD Minutes; Marketing; Membership Development; Social Media

**Served:** Speaker of the House; Vice Speaker of the House; Trustee; Annual Conference; Bylaws and Resolutions; Career Professional Development; Conference CE Sessions; Endowment; Leadership Development; Nominating; Partnership; Strategic Issues Planning

**AAMA Awards:** Medical Assistant of the Year (2018)

### Speaker of the House



**Jane Seelig, CMA-A (AAMA)**

*The AAMA must continue to provide members with education and benefits they find valuable and useful. We must attract and retain members with both the CMA (AAMA) and other certification credentials to ensure the AAMA's future. We must be an organization of inclusion, not exclusion, for all medical assistants.*

#### Vital Stats

Member: 1979; Certified: 1981

### National Volunteer Teams

**Chaired:** 2011 Annual Conference Education; 2008 Annual HOD Tellers; 2014 Annual HOD Credentials; 2019 Annual HOD Reference; Awards; Bylaws and Resolutions; Documents; Leadership Development

**Served:** Speaker of the House; Vice Speaker of the House; Trustee; Annual Conference; Career Professional Development; Conference CE Sessions; Endowment; Marketing; Membership Development; Nominating; Public Affairs; Strategic Issues Planning

### Vice Speaker of the House



**Claire Houghton, CMA (AAMA)**

*As a national association, we have had to reevaluate our priorities and goals due to the challenges presented by the pandemic. We have had to find new ways to support our members, provide resources and education, and advocate for the needs of medical assistants in a rapidly changing health care landscape.*

#### Vital Stats

Member: 2002; Certified: 2003

### National Volunteer Teams

**Chaired:** Editorial Advisory; Leadership Development

**Served:** Trustee; Ad Hoc on Higher Education; Annual Conference; Bylaws and Resolutions; Educators Collaborative; Endowment; HOD Minutes; Marketing; Maxine Williams Scholarship; Membership Development; Strategic Issues Planning; Test Construction

### Secretary



**Loxie Kistler, EdD, BSN, RN, CMA (AAMA)**

*The success of the AAMA is due to engaged members and effective leadership. As an AAMA BOT officer, my belief in the value of an empowered membership will be ever present. Every action and decision I make will be based on listening, transparency, and effective communication with all AAMA members.*

#### Vital Stats

Member: 1997; Certified: 1996

### National Volunteer Teams

**Served:** Trustee; Advisory; Editorial Advisory; Conference Continuing Education; Leaders in Education and Practice; Leadership Development; Maxine Williams Scholarship;

Nominating; Strategic Issues Planning

**AAMA Awards:** Leadership and Mentoring Award (2011)

## Trustee



**Candy L. Miller, CMA (AAMA)**

*My vision is to embrace my CMA (AAMA) credential with pride, infuse my AAMA work*

*with passion and perseverance, ensure that every challenge is met with determination, and never give up. I aim to inspire others to proudly wear their medical assisting credential and make a lasting impact every day!*

### Vital Stats

Member: 1978; Certified: 1981

### National Volunteer Teams

**Chaired:** Continuing Education Board (vice chair); 2002 Annual Conference Registration; 2015 Annual Conference Education (cochair); Bylaws and Resolutions; Conference CE Sessions; Membership Development

**Served:** Trustee; 1994 Annual Conference Education; Annual HOD Tellers; Awards; Career Professional Development; Endowment; HOD Minutes; Leadership Development; Marketing; Partnership; Strategic Issues Planning

**AAMA Awards:** Spirit of Medical Assisting (2006); Leadership and Mentoring (2016)



**Pamela Neu, MBA, CMA (AAMA)**

*My membership in the Indiana Society of Medical Assistants and the AAMA has been significant to my professional career. The energy of the AAMA is its leadership, education, and communication for our members. My goal as trustee is to continue to enhance these strengths for all medical assistants.*

### Vital Stats

Member: 1976; Certified: 1975

### National Volunteer Teams

**Chaired:** Career Professional Development; Educators Collaborative

**Served:** Awards; Bylaws and Resolutions; Endowment; Maxine Williams Scholarship; Membership Development; Test Construction; Strategic Issues Planning



**Cameron Smith, BS, CMA (AAMA), PBT(ASCP), HITCM-PP**

*To see more medical assistants join the AAMA regardless of what credentials they have. The more members we have, the stronger our voice is to fight for our right to practice.*

### Vital Stats

Member: 2015; Certified: 2016

### National Volunteer Teams

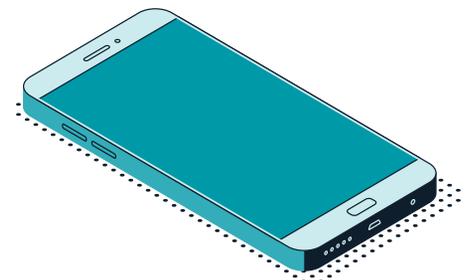
**Served:** Test Construction; Marketing; Membership Development

**AAMA Awards:** AAMA Rising Star Award (2023) ♦

## Don't Miss Out on Any Messaging from the AAMA!

Keeping your AAMA profile's contact information updated ensures you're up to date on everything you need to know from the AAMA. Make sure to update your AAMA profile—especially your cell phone number and preferred email address for AAMA messages.

To check that your information is accurate—and to update it if it isn't—sign into your AAMA website account. Then select “My Profile” from the left-side menu. ♦



## BOT Qualifications

Thinking of running for the AAMA Board of Trustees? Check the *AAMA Bylaws* on the AAMA website (within the “Member 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.

## Your Deadline to Make a Difference

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

You can find the application on the “Guidelines and Forms” webpage, accessible via the teal “Volunteers” drop-down menu ♦

# The Final Gainful Employment Regulations

## What CAAHEP Educators Need to Know



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

**O**n October 10, 2023, the U.S. Department of Education (USDE) issued final regulations for the Financial Value Transparency (FVT) and the Gainful Employment (GE) requirements that must be met for a program to participate in financial assistance programs for students under Title IV of the Higher Education Act. These regulations will go into effect July 1, 2024. The purpose of this article is to provide an inexhaustive and basic summary of some of the key elements of the GE regulations that will be of relevance for educators in Commission on Accreditation of Allied Health Education Programs (CAAHEP)-accredited programs.

*(See my previous articles in Communiqué, the bimonthly publication of CAAHEP, that address other aspects of the USDE regulations.)*

### What Are GE Programs?

The Higher Education Act defines a GE program as one that “[prepares] students for gainful employment in a recognized occupation.”<sup>1</sup>

### What GE Programs Are Covered by the USDE Regulations?

Generally, “all nondegree programs (e.g., certificate programs, diploma programs)

that lead to recognized credentials at public or private-nonprofit institutions are GE programs. ... [And] all educational programs offered by for-profit (proprietary) institutions are GE programs.”<sup>2</sup>

### What Two Tests Must GE Programs Pass to Continue to Be Eligible for Title IV Participation and for Its Students to Be Eligible for Participation in Financial Assistance Programs under Title IV?

A program must pass two tests to continue to be eligible for Title IV participation. Note the following from *Fact Sheet: Biden-Harris Administration Announces Landmark Regulations on Accountability, Transparency & Financial Value for Postsecondary Students*:

- A **debt-to-earnings [D/E] rate** that compares the median annual payments on loan debt borrowed for the program to the median earnings of its Federally aided graduates. For a program to pass, its graduates’ debt payments must be no more than 8% of annual earnings or 20% of discretionary earnings, which is defined as annual earnings minus 150% of the Federal poverty guideline for a single individual (about \$21,870 in 2023).
- A new **earnings premium [EP]** test that

measures whether the typical graduate from a program who received Federal aid is earning at least as much as a typical high school graduate in the labor force (i.e., either working or unemployed) in their State between the ages of 25 and 34. This is equal to roughly \$25,000 nationally but varies across States.<sup>1</sup>

### What Will Trigger the Loss of Title IV Eligibility for GE Programs?

The following is an excerpt from the “(GEN-24-04) Regulatory Requirements for Financial Value Transparency and Gainful Employment”:

The GE regulations:

- Provide that a GE program loses Title IV eligibility if it either fails the D/E rates measure in two out of any three consecutive award years for which rates are calculated or the EP measure in two out of any three consecutive award years for which rates are calculated.
- Establish a three-year period of ineligibility for failing GE programs that have been voluntarily discontinued or withdrawn from Title IV eligibility by an institution, or that lose eligibility as a result of failing the D/E rates or EP metric, during which the Department

For more reading, visit the AAMA Legal Counsel's blog:

# Legal Eye *On Medical Assisting*



will not approve a substantially similar program in the same 4-digit CIP [Classification of Instructional Programs] code range as the failing program.

- Require institutions to provide warnings to current and prospective students for GE programs that are at risk of a loss of Title IV eligibility due to having failed one of the metrics in one of the two most recent award years for which the program received metrics, content and delivery of which to be specified by the Department, and provide that students must acknowledge having seen these warnings before the institution may enter into an enrollment agreement with the student or disburse any Title IV funds.<sup>2</sup>

## What Are the Reporting Deadlines for GE Programs?

The following is also from the “(GEN-24-04) Regulatory Requirements for Financial Value Transparency and Gainful Employment”:

### Reporting Deadlines

**Initial Reporting:** As described in an Electronic Announcement, we have announced some flexibilities to the timing for required data reporting for FVT/GE.

- Institutions will have the ability to start reporting FVT/GE data through a new Department system starting July 1, 2024.

- Institutions will have until **October 1, 2024**, to provide all required reporting. The Department is providing institutions additional time to report such information by allowing institutions to submit the information that was previously due by July 31, 2024, to be submitted by no later than October 1, 2024.

**Subsequent Reporting:** Following this initial reporting, institutions must report data annually by October 1 following the end of the award year (e.g., October 1, 2025, for the 2024-2025 award year), unless the Secretary establishes a different reporting date.<sup>2</sup>

## Does There Have to Be a Minimum Number of Students in the Program to Be Subject to the GE Regulations?

Note the following:

### Size of the Cohort

For D/E rates or the EP measure to be calculated for an award year, at least 30 students who received Title IV aid must have completed the program during the applicable cohort period. The two-year cohort will be used if 30 or more students (net of any excluded students) completed the program during that period. If fewer

than 30 students completed the program during the two-year cohort period, the four-year cohort period will be used. If fewer than 30 students completed the program during the four-year cohort period, D/E rates and the EP measure will not be calculated for the program.<sup>2</sup>

As indicated above, this summarizes some but not all of the points in the USDE regulations. CAAHEP program directors and faculty must understand these regulations to avoid the negative consequences of failing the D/E and/or the EP tests. ♦

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Questions and thoughts about this article may be directed to the author at [DBalasa@aama-ntl.org](mailto:DBalasa@aama-ntl.org).

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# ALL EARS

Discover the Benefits of Cochlear Implants

By Brian Justice

**H**earing is a critical sense, and yet up to 3 out of every 1,000 children in the United States are born with hearing loss, and around 15% of adults have trouble hearing, which increases with age. In fact, more than half of people over 75 have disabling hearing loss.<sup>1</sup> Hearing aids are the first recourse but are often inadequate for those with debilitating hearing loss, making them candidates for cochlear implants.

Cochlear implants are appropriate for people who are severely hard of hearing (i.e., those who understand less than half of what they hear) and the profoundly deaf (i.e., those who cannot hear speech but can hear loud sounds). The implant has external and internal components. The external portion is positioned behind the ear and includes a microphone to capture environmental sounds, a speech processor to organize them, and a transmitter and receiver that converts them into electric signals. The internal portion is placed under the skin and houses electrodes that transmit those signals to the auditory nerve. Cochlear implants cannot

fully restore normal hearing, but they can enhance a deaf person's ability to comprehend speech and hear other sounds in their environment.<sup>2</sup>

As of July 2022, approximately 183,000 such devices had been implanted.<sup>1</sup> The benefits go beyond improved hearing, notes Regina Duarte, CMA (AAMA), a medical assistant with Marshall Family Medicine in California. "Cochlear implants help patients understand speech better than hearing aids," she says. "They also help them feel more integrated with their hearing family and society."

## Support Systems

The Food and Drug Administration (FDA) approved cochlear implants for adults in the mid-1980s and for children as young as 9 months in 2020.<sup>2</sup>

"Hearing aids are always our first tool for hearing loss, and the FDA requires trials for them first," says Huseyin Isildak, MD, director of the cochlear implant program at Stony Brook Medicine in New York. "They

want to see that the patient tried hearing aids, but they didn't work, which makes [patients] eligible for cochlear implantation."

Research is ongoing to understand the nature of the procedure and how implants can better accommodate patients.

"The future is promising," says Dr. Isildak. "They are working on [fully implantable devices], entirely under the skin with nothing visible. They are also studying the degradation of hair cells, which causes hearing loss with age, perhaps making surgery less likely in the future because it will be replaced by gene therapy."

The research includes using electrodes to target specific regions of the cochlea, a cavity in the inner ear that plays a vital role in hearing, and combining a cochlear implant in one ear with another implant or a hearing aid in the other.<sup>2</sup>

Further, a study published in 2022 by New York University Langone Health examines the pivotal role of neuroplasticity (i.e., the brain's ability to adapt) in enhancing the effectiveness of implants. Researchers investigated how stimulating the locus

## Community, Culture, and Cochlear Implants

The Deaf community is vibrant and robust, with highly evolved sign language as a primary form of communication. Cochlear implants evoke different reactions within the community, reflecting multiple perspectives and stressing the importance of understanding them. Some deaf people believe that implants enable autonomy, while others are concerned about the potential erosion of Deaf culture and sign language.

Members of the medical community must recognize and respect these different perspectives. Meanwhile, technology will inevitably improve, along with the results of implants. So, embracing and honoring these viewpoints will become even more crucial to fostering understanding and dialogue about hearing treatments and practices within the Deaf community.<sup>6</sup>

coeruleus—a part of the brain located in the lower part of the brainstem—affects the learning process of using cochlear implants. Deaf rats received implants, and those who received this stimulation learned to use them in as little as three days. Those without stimulation took up to 16 days to reach the same level of functionality. Stimulating neuroplasticity may help people with hearing implants adjust more quickly, improving outcomes and satisfaction.<sup>3</sup>

### Hear We Go

Get the facts straight on stubborn myths about cochlear implants:

**Myth:** Insurance will not cover cochlear implants.

**Fact:** Most insurance carriers and plans—as well as Medicare—cover cochlear implants but not hearing aids, which patients may need to pay for out of pocket.<sup>4</sup> Advocacy groups can also help people access cochlear implants.

**Myth:** Cochlear implant surgery is a dangerous operation.

**Fact:** Cochlear implant surgery is safe and well tolerated, though specific risks are associated with it. In addition to anesthesia risks, other factors include major complications, which fewer than 3% of implant recipients experience. Device issues are possible, but only about 4% of recipients experience device failures requiring removal. Less than 2% of recipients experience postoperative infections.<sup>4</sup> In fact, the implant incurs a Class 2 wound, categorized as clean contaminated because of the low risk of complications.<sup>4,5</sup>

**Myth:** People with cochlear implants cannot undergo MRIs.

**Fact:** Patients with cochlear implants *can* undergo MRIs, but the area scanned should not include the magnet in the implant. When scanning that area is necessary, the magnet may need to be removed temporarily. Other risks associated with MRIs include unintentional device movement, damage, and discomfort.<sup>4</sup>

### Sound Effects

The impact of undergoing cochlear implant surgery can be appreciated by speaking with patients who have implants and the people who work with them.

“People think it’s like glasses. Boom! You have glasses, and now you can see,” says Jennifer Chase of El Dorado Springs, Missouri, who first received implants in 2015. “I can hear, but if there’s a lot of background noise, I can’t carry on a conversation with someone.” Like many, she has become an adept lip-reader. “I might miss some key words here and there, but compared to my hearing aids, it’s better.”

Donna Sorokin has multiple perspectives on the impact of cochlear implants. She grew up with normal hearing, lost it, received implants in 1992, and now is the executive director of the American Cochlear Implant Alliance in McLean, Virginia. “It was life-changing,” she says. “I grew up hearing, and when that changed dramatically, I couldn’t see a path forward. Getting a cochlear implant gave me my life back.”

Often, medical assistants are the first people patients see at the physician’s practice

and therefore can provide a reassuring and comforting experience for patients with cochlear implants.

“Speaking a little more loudly helps, along with good diction and allowing them to see your face,” says Jacob Leaman, CMA (AAMA), a medical assistant at Deaconess Clinic Memorial in Evansville, Indiana.

“Keeping the patient informed helps with their fears and anxieties,” adds Duarte. “Reading material, websites, and support group information help the patient, their family, and their friends. But the most helpful thing is to let patients know you are there for them and will guide them through the process and after.”

“Medical assistants play an important role for patients with hearing loss,” says Terry Zwolan, PhD, CCC-A, director of audiology access and standards of care for Cochlear Americas. “Simply asking whether [patients] are experiencing hearing issues adds value to the appointment, as well as making sure they understand the results, especially if they do not hear all of the information provided.”

Chase sums up the profound impact that hearing, however imperfect, can have. “It saved my sanity, and I’m thankful for the technology,” she says. “I can’t imagine living without hearing my grandson laugh.” ♦

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## New Urine Tests Could Provide Earlier Prostate Cancer Diagnoses

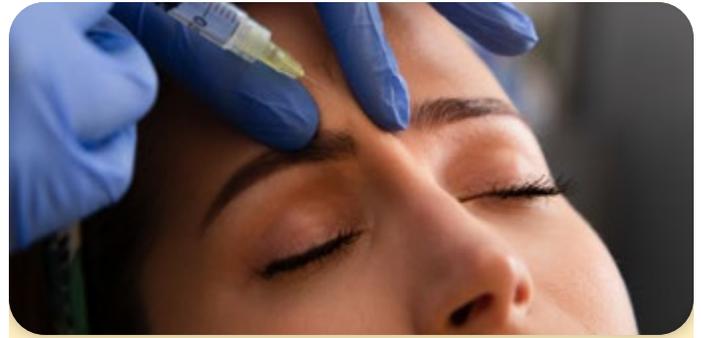
A new urine test could potentially help with diagnosing and treating prostate cancer earlier and with fewer invasive measures. Researchers have identified 17 genetic markers that can be accurately screened through the test, reports Healthline. This test could mitigate the need for physicians to perform unnecessary biopsies in the future.

Prostate cancer is the second leading cause of cancer death in men in the United States. About 300,000 new cases of prostate cancer will be diagnosed in the U.S. this year, and about 35,000 deaths will occur, according to the American Cancer Society.

The benefits of screening for prostate cancer with the standard prostate-specific antigen (PSA) blood test have historically come with a disadvantage: the potential need for procedures like prostate biopsies. However, urine tests can help improve diagnostic accuracy alongside PSA testing.

While the new test brings hope to some patients, whether the test can accurately detect prostate cancer in a racially diverse population is still uncertain. Only about 13% of participants in the study self-identified as Black, even though the rate of prostate cancer is higher in Black men than white men. Black men are also more than twice as likely to die from the disease, according to Johns Hopkins Medicine.

Ultimately, while the prostate cancer biomarker test appears highly accurate and may reduce unnecessary biopsies, researchers must find ways to ensure the test is accurate for all ethnic groups for the best possible health outcomes.



## Counterfeit Botox Endangers Patients

The U.S. Food and Drug Administration (FDA) has recently warned that dangerous counterfeit versions of botulinum toxin injections (Botox) have been found in several states, putting patients at risk of botulism, announces CNN Health.

Brand-name cosmetic Botox, which can reduce wrinkles and signs of aging, contains small amounts of botulinum toxin that are harmless when given in the proper dose. However, unapproved products may contain incorrect or dangerously high doses, unpurified versions, or none of the drug at all, according to the *New York Times*.

As of May 2024, 22 people reported harmful reactions after receiving Botox injections from unlicensed or inadequately trained individuals in nonclinical environments, according to the CDC. Of these patients, 11 were hospitalized, and others were given a botulism antitoxin medication due to the possibility that the botulinum toxin could have spread through their body.

When the botulinum toxin attacks the nervous system, patients can develop botulism. Botulism can lead to symptoms like blurred vision, eyelid drooping, and slurred speech, according to Verywell Health.

Patients should practice due diligence by accepting Botox injections from only licensed and trained professionals—such as a board-certified dermatologist or plastic surgeon—and asking whether the product is FDA-approved.

The FDA announced that it is working to investigate counterfeit products and remove them from the market. However, it cautioned health care professionals that they should check products for signs of counterfeiting before using the products.

## New Final Rule on Reproductive Health Privacy

The Biden-Harris Administration declared in a Final Rule that patients and providers have the right to privacy concerning medical information for various types of reproductive health care, announces the U.S. Department of Health and Human Services.

The Final Rule strengthens the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule by prohibiting the disclosure of a patient's health information relating to reproductive health care and strengthening privacy protections for the patient, their family, and physicians.

The rule aims to prevent medical records from being used against people for receiving or providing certain types of lawful reproductive health care, including when traveling to other states for in vitro fertilization, an abortion, and birth control. It also prohibits those regulated by HIPAA from using or disclosing someone's protected health information to investigate or impose liability.

Following the Supreme Court's June 2022 decision to overturn *Roe v. Wade*, eliminating the constitutional right to abortion nationwide, 14 states in the U.S. have issued abortion bans. States in which abortion is limited report higher rates of maternal, perinatal, and infant mortality than in states with wider abortion access, notes CNN.

## Another Major Health Care Data Breach Affects Patients and Clinicians

A cyberattack has disrupted the major health care system Ascension, forcing them to take immediate steps to minimize the impact on patient care. Ascension is investigating which records were compromised and determining whether sensitive information was affected.

Ascension, which is among the five largest health care networks in the United States by number of hospitals, had a reported revenue of \$28.3 billion in 2023, according to the *Washington Post*.

The attack affected patient record systems and medication prescribing systems, requiring physicians and staff to use paper records. Ascension says it will notify victims affected if sensitive data was compromised in the hack.

The hack occurred in the aftermath of the Change Healthcare hack earlier this year, a subsidiary of UnitedHealth Group responsible for medical claims nationwide. The cyberattack and outage disrupted operations across the nation's pharmacies, hospitals, and medical practices.

UnitedHealth Group's chief executive recently disclosed that they paid \$22 million in Bitcoin to hackers who targeted them and shut down medical billing systems throughout the nation. This response drew criticism from lawmakers because the cyberattackers accessed computers that did not require multifactor authentication.

Hackers have increasingly targeted U.S. medical systems with ransomware, which involves infiltrating an organization's network and using code to lock its data. Health care systems must take immediate steps to bolster cybersecurity to protect not only themselves but also their patients.





A large, 3D graphic of the title 'PLAYING FIRE WITH DATA'. The words are rendered in a bold, blocky font. 'PLAYING' and 'DATA' are in red, while 'FIRE WITH' is in orange. The letters have a serrated, flame-like edge. The graphic is set against a light blue background with a grid pattern. In the upper left corner, there is an illustration of several grey filing cabinets with their drawers pulled out, showing stacks of yellow folders. The top left corner of the page features a stylized orange and yellow flame graphic.

## The Heat Is On for Medical Practices to Prevent Medical Identity Theft

By Mark Harris

**F**rom computers to smartphones, the modern world is increasingly connected in ways earlier generations may have found unimaginable.

The evolving technological landscape has profoundly altered the ways people live, work, and communicate, such as through the convenience of online banking, navigation systems, online education platforms, electronic health records, and the ability to connect with friends and family through

email and social media.

But with technological advances also come concerns. In an increasingly interconnected world, safeguarding the privacy and security of individuals, organizations, and industries has become vital. With the gradual adoption of information technology systems in place of paper records, anxieties over the frequency of electronic data breaches and disclosures of sensitive data have also grown.

Since 2005, over 17,000 data breaches in which unauthorized users accessed confidential data have occurred.<sup>1</sup> These threats

to privacy and security are also significantly affecting the health care system. From late 2009 through the end of 2023, 5,887 large health care data breaches—725 in 2023 alone—were reported in the United States, according to the U.S. Office for Civil Rights. Even more, in 2023, breaches resulted in the unauthorized exposure of 133 million health care records.<sup>2</sup>

### A Hot Topic

When a data breach occurs, individuals

are at risk for identity theft. In the wrong hands, a person's confidential personal and financial information can be used to illicitly gain access to financial accounts, open new credit or other accounts, purchase products, receive benefits and services, and more. One particularly concerning category of identity theft involves medical identity theft. While medical identity theft constitutes a relatively small portion of identity theft activity, this issue is extremely serious for health care providers and patients.

In 2022, nearly 28,000 cases of medical identity theft were reported to the Federal Trade Commission.<sup>3</sup> This type of theft targets personal health information, such as a person's name and address; Social Security, Medicare, and health insurance account numbers; and medical records. The stolen medical information can be used for numerous illegal financial activities and schemes, especially when the theft occurs because of an organizational data breach. Medical identity theft can also be used to fraudulently obtain medical care or services under another person's name.

Medical identity theft creates an insidious challenge for the health care sector. When someone uses a lost or stolen credit card to make unauthorized purchases, the issue is usually quickly identified, and the card is disabled. Consumer protections will also limit the liability of cardholders for fraudulent purchases made in their name. However, with medical identity theft, the issue can prove challenging to resolve while causing significant havoc and expense in victims' lives.

The World Privacy Forum describes medical identity theft as follows:

Medical identity theft is a crime that can cause great harm to its victims. Yet despite the profound risk it carries, it is the least studied and most poorly documented of the cluster of identity theft crimes. It is also the most difficult to fix after the fact, because victims have limited rights and recourses. Medical identity theft typically leaves a trail of falsified information in medical records that can plague victims' medical and financial lives for years.<sup>4</sup>

While the terms tend to be used inter-

changeably, differentiating between medical identity theft and medical identity fraud is crucial.

"There is a lot of confusion with these terms," says Eva Velasquez, president and CEO of the Identity Theft Resource Center (ITRC). This national nonprofit organization assists individuals, businesses, and organizations affected by identity theft. "As the statutes are written, they all refer to medical identity theft. ... But there's a difference between medical identity *theft* and medical identity *fraud*. First, theft involves the taking of someone's credentials. ... Medical identity fraud—the actual misuse of that data [to get] medical care, goods or services, prescriptions, durable medical equipment, and so on—[is] a different activity, and it is one of the less common types of identity fraud."

When medical identity theft leads to health care fraud, it can prove difficult to remediate because of the way medical records, services, and the industry work, says Velasquez. "With medical identity fraud, it's very dependent on how your identity was misused and where," she explains. "There's no central repository for medical records like there is for something like our credit. If you're a victim of financial identity theft, you can go to credit reporting agencies, look at

your credit report,

and see all the areas of misuse. ... You can't do that with medical records. It [depends on the practice and insurance company], so there are a lot more steps involved for people to recover from it. It's also a lot harder for people to discover."

A person might discover they are the victim of medical identity theft inadvertently or indirectly and only after some time has passed, cautions Velasquez. "They might discover a prescription is denied, or there's some discrepancy in their medical record, such as finding they are in [debt] for medical services they didn't receive," she remarks. "Or they might see a drop in their credit score or be denied a loan for reasons that don't make sense."

And yet it's uncommon for identity criminals to seek treatment using your health information, notes James E. Lee, ITRC COO and a data protection and technology specialist.

The chance to impersonate people is what makes health information such an attractive target for misuse. Lee cites examples of how a criminal might misrepresent a person's medical identity. "The criminals may be trying to apply for a cash benefit through a state or federal benefits program, and they need the information from a health provider to be able to apply," he explains. "Or they want general information so they can go

## Where There's Smoke...

Knowing how to tell whether someone is using your medical information is critical. Here are some warning signs you should share with patients<sup>10</sup>:

- Getting a bill from your physician for services you did not receive
- Finding errors in your explanation of benefits statement, such as the inclusion of services you did not receive or prescription medications you do not take
- Receiving a call from a debt collector about a medical debt you do not owe
- Seeing medical debt collection notices you do not recognize in your credit report
- Getting a notice from your health insurance company saying you reached your benefit limit
- Being denied insurance coverage because your medical records show a preexisting condition you do not have

## Keep Your Cool

Follow these tips to protect both the medical practice's and your own data<sup>11</sup>:

- Never give telemarketers or strangers financial or medical information over the phone. Scammers can use it to commit insurance or billing fraud, disclose sensitive health conditions for extortion, or sell.
- Be skeptical of urgent requests, which scammers may fake to pressure you into acting fast and giving them information.
- Check a sender's address in emails you receive, and avoid clicking on suspicious links.

to a bank somewhere and open an account with other information they obtained from some identity marketplace. They may open an account trying to park money they've made from ransomware or other identity crimes, such as phishing attacks. They've got to park that money somewhere, so they use information stolen from medical organizations to do that.”

### Don't Get Burned

In recent years, health care information has become especially coveted as a target for theft. Medical records are reportedly among the more valuable types of stolen identity data, selling on dark web internet sites for 4 times more than Social Security numbers and 20 times more than a credit card.<sup>5</sup>

“For the last six years, health care has been the No. 1 industry targeted by identity criminals,” reports Lee. “Medical organizations are targeted more frequently than any other industry because cybersecurity is not as good, and you have a very large supply chain. There are a lot of different organizations that can access the same information. That means there are a lot of opportunities to find a weak link. If you can get into one organization, you get information [about all the] organizations in that supply chain. ... In health care, there are so many different players with access to so much information.”

Industry advisers agree that health care providers should not downplay the threat medical identity theft poses to the integrity

of their operations and its potential impact on patients.

“In addressing the critical issue of medical identity theft, it's essential for physician practices and medical [practice] managers to first recognize the profound impact such breaches can have not only on their financial stability but also on patient trust and safety,” says Adrienne Palmer Lloyd, MHA, FACHE, a consultant with Medical Group Management Association. “The most crucial aspect to understand is that medical identity theft extends beyond the theft of financial information—it can lead to incorrect entries in patients' health records and potentially dangerous medical errors.”

Physician practices can address these threats. “To reduce the risk, physician practices should implement robust security measures, including but not limited to two-factor authentication, regular security audits, and encrypted communication channels,” says Lloyd, who is also CEO and founder of Optimize Healthcare, a management consulting group in Chapel Hill, North Carolina. “Furthermore, educating patients about protecting their health information is key. For those who fall victim to identity theft, practices should have a clear, compassionate protocol that includes guiding patients through the steps of reporting the theft to law enforcement and fraud departments of their insurers, as well as correcting their medical records.”

Physician practices should never

assume they are too small to be a target of cybersecurity threats. “I think security begins with acknowledging that somebody wants your data,” observes Lee. “Particularly with smaller practices, it's common for people to think nobody wants their data. They think, ‘We don't have that much data, and what we do have is either very well protected or not very interesting.’ But none of that is true. Identity criminals can find a way to make money off any amount or type of data. ... Frankly, the smaller the organization, the easier for [thieves] to target because they know [smaller practices] don't usually have the same level of protection or security resources [as] large organizations. So, that's the first thing: recognize that everybody wants what you have, no matter how big or small [the organization is].”

Whether the concern is for individuals or medical practices, a few preventive practices can go a long way toward minimizing the risk of medical identity theft. For example, in phishing attacks, cybercriminals attempt to trick users—through email, text messages, and other methods—into revealing or providing access to sensitive data (e.g., usernames, passwords, credit card numbers, and bank account information). An email or text link can download hidden malware onto computers that exploit software vulnerabilities to expose confidential personal or financial information.

The advent of artificial intelligence (AI) technology might also increase phishing threats. Using AI technology, computers and machines simulate human intelligence and problem-solving functions.<sup>6</sup>

As a result, phishing threats are becoming more sophisticated, warn experts. “It's become important that [practice] managers or anybody [with] access to [organizational] systems know to verify [the] information before you act on it,” warns Lee. “Don't click on email links that you did not request. If it is an unsolicited email, text, or even a phone call, you have to adopt the same process that we use in cybersecurity, and that's zero trust. If you have not verified that this is the legitimate sender and someone you have an established relationship with, don't do anything. Phishing attacks are far and away

the No. 1 cause of data [breaches]. That's how organizations get duped into paying large invoices that were not real or giving people access to systems they shouldn't have access to."

### Blaze a Trail

Ideally, best practices in privacy and security should become second nature for managers and staff, as they continually work to minimize risk.

"By

fostering a culture of security and privacy, practices not only protect themselves but also support their patients through potentially devastating experiences," says Lloyd. "Creating an effective privacy and security culture within a medical office involves more than just implementing policies; it requires fostering an environment where every staff member understands and is committed to the protection of patient information."

To do so, Lloyd encourages medical practice managers to take a proactive,

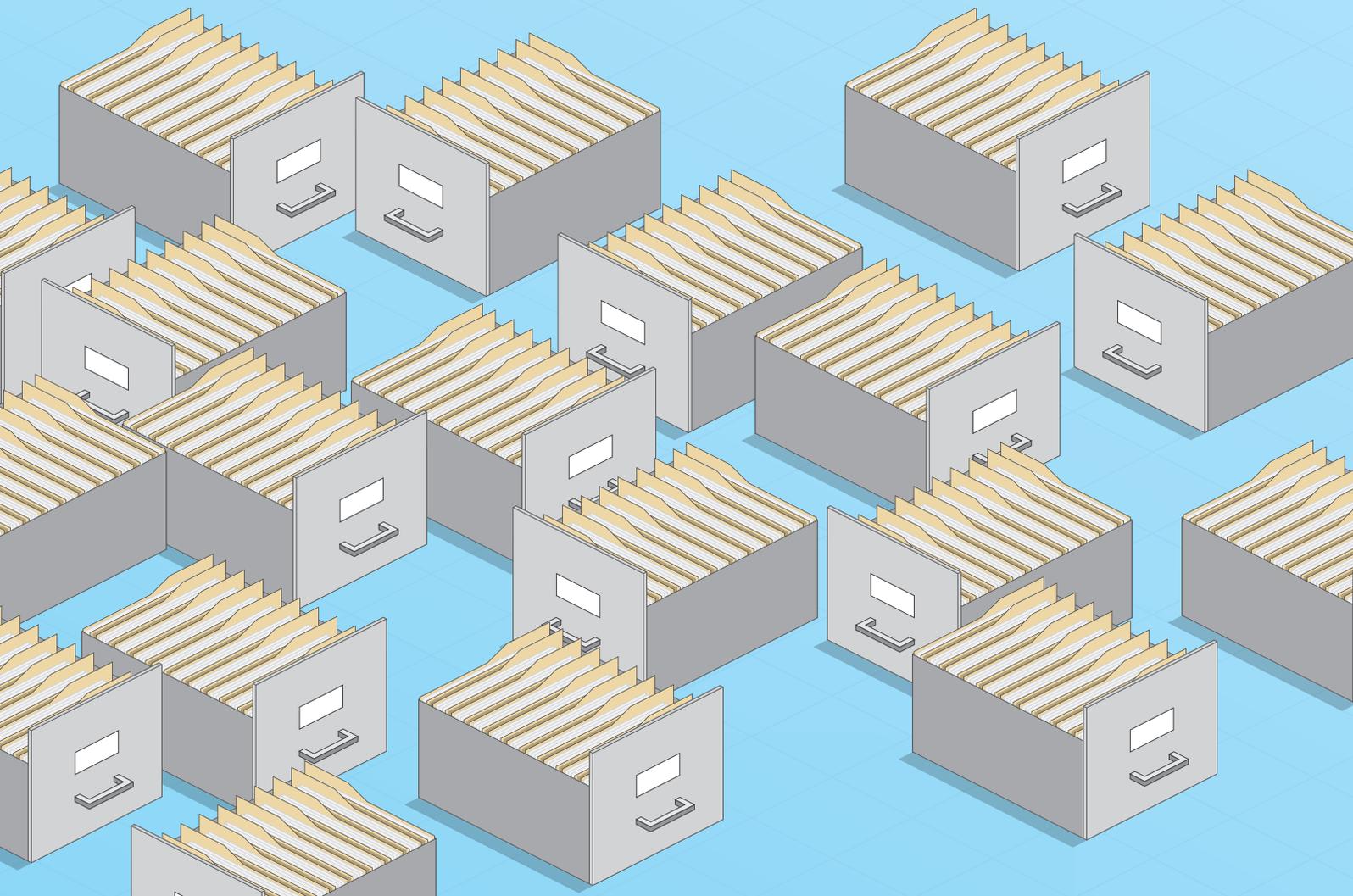
next-level approach to their security goals.

"As a health care leader with a focus on examining and refining processes, I believe it's crucial to go beyond basic training," she says. "Medical practice managers should conduct thorough assessments of their current processes to identify any gaps or vulnerabilities that could lead to breaches of privacy and security. By identifying these areas for improvement, practices can develop standard work protocols specifically designed to tighten security measures. Enhanced training programs tailored to address these identified gaps can then be implemented. This approach elevates the overall culture of privacy and security within the office [and] ensures that staff are more effectively prepared to protect patient information against potential threats. It's about building a proactive—rather than reactive—stance on privacy and security, empowering every team member to contribute to safeguarding patient data."

## Fan the Flames

"Ultimately, building a culture of privacy and security is an ongoing process that evolves with the changing landscape of cyber threats. It's a critical investment in your practice's and patients' safety and trust."

—Adrienne Palmer Lloyd, MHA, FACHE



In turn, staff education and training must be geared to relatable issues and encourage input. “Training should be ongoing, engaging, and practical,” suggests Lloyd. “It’s not enough to have annual training sessions; staff need regular updates on the latest threats and best practices, delivered in a manner that resonates with their daily responsibilities. [Use] real-life examples of breaches and their consequences to underscore the importance of vigilance. Moreover, encourage a culture of openness where staff feel comfortable reporting potential privacy concerns or breaches without fear of retribution. By valuing and acting on staff input, offices can identify vulnerabilities before they are exploited.”

For Shanda McDaniel, CMA (AAMA), an Arkansas-based medical record audit processor for Datavant, a health information technology company, concerns about patient privacy and security are always in mind. As part of her responsibilities, McDaniel



**Resources that Light the Way**

**Identity Theft Resource Center**  
[www.idtheftcenter.org](http://www.idtheftcenter.org)

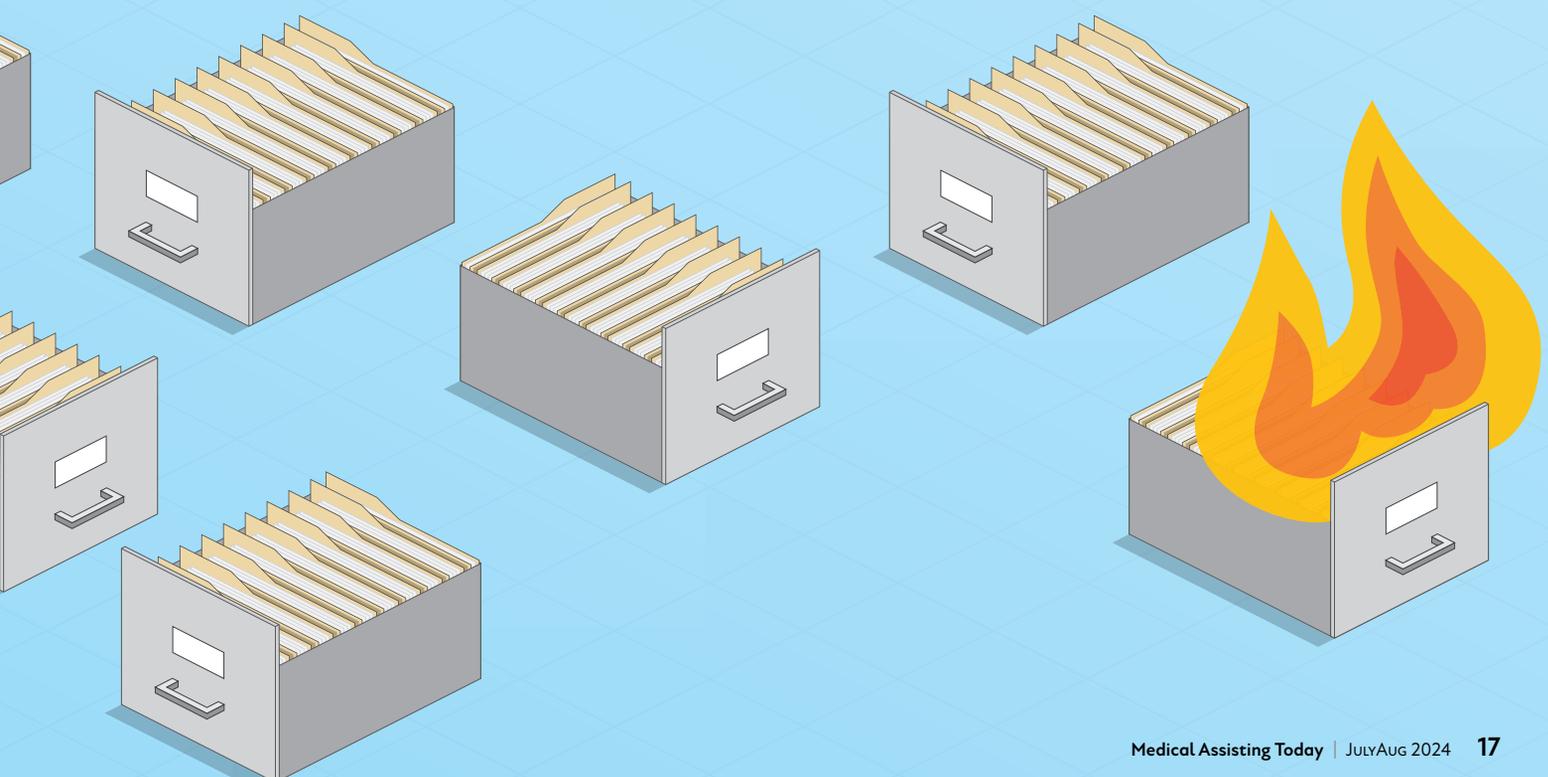
**Medical Group Management Association**  
[www.mgma.com](http://www.mgma.com)

regularly handles the release of information requests for patient medical records from providers, insurers, attorneys, and others.

“When I get a records release request in our fulfillment queue, I always make sure that the authorization request is correct and matches what is in the person’s chart,” reports McDaniel. “This includes [checking] their name, date of birth, and signature and validating that the request meets all HIPAA [Health Insurance Portability and

Accountability Act of 1996] rules before we release the information.”

“When I look at a request that doesn’t look right ... I might get the patient’s phone number and call them to make sure they’re OK with whoever is requesting records on their behalf,” she says. “I can also take the request to my supervisor and ask them to take a second look at it. If, instead, I just went ahead and released the records, it’s possible medical identity theft might occur.



When you validate a request, it doesn't hurt to dig a little deeper to make sure everything is correct. If it's an attorney's request, for example, you have to be careful to ensure they have an authorization."

"Working remotely, I am also careful to make sure medical record information is always secure on the computer in my home," she adds. "In this position, we have to be extremely careful about what we're doing."

### Getting Fired Up

Today, medical identity theft and related privacy and security issues represent a far-reaching societal and health industry challenge that invariably entails multiple levels of response.

"Under HIPAA, there are requirements around what happens and what to do when health records and health information are exposed," notes Lee. "Frankly, that is keeping medical identity theft from being worse than it already is. But I believe we still need a national standard for cybersecurity that is enforceable and uniform in the protection required for personal information."

At the state and federal level, Lee notes that initiatives toward stronger cybersecurity requirements and protections for personal information are ongoing. "We're up to 15 states now that have adopted some form of comprehensive privacy and security law, but it's still not a minimum standard. At the federal level, President [Joe] Biden has issued a directive around cybersecurity, but it also doesn't rise to the level of a national law. I think we need a better framework for what organizations need to do to protect data, how they protect it, and what happens when they fail to protect it."

This concern is understandable. For example, Change Healthcare, a UnitedHealth Group affiliate that provides revenue cycle management and other financial services, was the target of a major ransomware cyber-attack in early 2024.<sup>7</sup> The attack caused a massive payment processing shutdown that affected billing, prescription fulfillment, prior authorization requests, and other transactions.<sup>8</sup> The breach also potentially exposed confidential patient information,

putting current and former subscribers of UnitedHealth Group at risk for medical identity theft and fraud.

"The recent cyberattack on Change Healthcare is a stark reminder of the vulnerability of the health care sector to cyber threats," says Lloyd. "This incident underscores a critical challenge facing the U.S. health care system: maintaining the integrity and security of patient data amidst increasing cyber threats. Cyberattacks can disrupt health care operations, delay patient care, and erode the trust between patients and providers. ... To safeguard against these threats, it's imperative that health care organizations not only adopt advanced cybersecurity measures but also actively participate in health care information sharing and analysis centers. These platforms can provide valuable intelligence on emerging threats and best practices for cybersecurity."

With other experts, Lloyd recognizes the need for a coordinated national and industry-wide response to these ongoing threats: "Protecting the health care system from cyberattacks requires a collaborative effort that s p a n s

beyond individual organizations, involving government agencies, cybersecurity experts, and health care stakeholders to foster a resilient and secure health care ecosystem."

To prevent medical identity theft, patients and the broader public should also be engaged and educated about these security challenges. "As far as public education, I believe everybody has a role to play," says Velasquez. "[Each] patient should understand that the misuse of their information is a threat and there are ways they can safeguard it. I would encourage individuals seeking medical care or signing up with a new [physician] to ask a few questions when asked to fill out some of the forms. What data do you need? How do you safeguard my data? If the office can't answer these basic questions, that should give you pause. In 2024, they should know how to answer these questions."

Patients can empower themselves by reading their health plan's explanation of benefits and ensuring they understand communications from their medical providers. "For providers, it's important to make sure you indicate to your patients how you're going to communicate or interact with them,"

### Hot Tips

When a patient experiences medical identity theft, be prepared with these tips<sup>12</sup>:

- Make sure the patient has a copy of the practice's notice of privacy practices if your practice is covered by HIPAA.
- Advise patients to take advantage of their rights under the HIPAA Privacy Rule, which allows them to get copies of their records maintained by covered health plans and medical providers.
- Inform patients of their rights:
  - To have their medical and billing records amended or corrected
  - To have an accounting of disclosures from their medical providers and health plans
  - To file a complaint if they believe their privacy rights have been violated
- Encourage patients to notify their health plan if they suspect medical identity theft and file a complaint with the Federal Trade Commission.
- Encourage patients to look for signs of other misuse of their personal information.

## A Light that Never Goes Out

“Education is very important to prevent medical identity theft. There are always new kinds of cyberattacks and approaches that could compromise your information. ... Education is not just something you do on the first day on the job in orientation. The threats are moving targets, so staff education needs to be ongoing.”

—James E. Lee

says Velasquez. “If you never communicate with your patients via text, tell them that. If they get a text purporting to be from their provider, they will automatically know it is not legitimate because that’s not how their provider communicates with them.”

Like Lloyd, Velasquez also recommends that patients use two-factor authentication to access their provider’s online health portals. This security protocol requires a user to provide two forms of identification to access an online account. In turn, health care providers should enable two-factor authentication on their systems and provide patients with instructions on setting up this added layer of security.

### Warm Care

Finally, Velasquez advises health care providers to keep in mind the potentially traumatic impact of medical identity theft on individuals. “We need to have more compassion and empathy for the victims of medical identity theft [and] more understanding about what people are going through,” she says.

A ransomware incident in 2023 involving a Pennsylvania health system underscores this point. In this instance, a foreign cybercriminal group was able to encrypt files after data was exfiltrated from the patients’ health records.<sup>9</sup> The hacked data included sensitive patient information, including images of patients with breast cancer undergoing radiation oncology treatment. The hospital decided to not pay the ransom, so the group posted patients’ images and data on the internet.

“These were images of mostly women

with pre- and post-op breast cancer treatment,” explains Velasquez. “The patients were going through life-and-death medical care, and now they also had all this embarrassment because pre- and post-op photographs of their breasts had been released online.”

Consequently, a class-action lawsuit was filed against the health system on behalf of plaintiffs whose confidential records were exposed. The suit charged the hospital system with violating cybersecurity and privacy requirements under HIPAA, prioritizing financial considerations over the rights of their patients.<sup>9</sup> While Velasquez does not judge the hospital’s decision to not pay the ransom, she says health care providers should recognize how distressing these experiences can be. Accordingly, she suggests health care providers consider providing trauma-informed staff training on how to best assist and respond to patients who have experienced privacy violations.

As an expression of the larger privacy and security challenges facing the health care system, the ramifications of medical identity theft are certainly far-ranging and disconcerting. From financial harm to the repercussions of privacy violations on organizations and individuals and even the potential impact on the quality and safety of medical care, a cascade of potential consequences can follow when medical identity theft occurs.

In today’s complex health care environment, health care leaders and organizations increasingly recognize the importance of these ongoing challenges. In doing so, the health care sector has begun to address the need for robust and proactive approaches

to protect the privacy and security of their health systems and the patients they serve. ♦

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# Medical Identity Theft

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

**Credit:** 2.5 AAMA CEUs (gen/admin)    **Code:** 143134

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

T F

- 1. *Medical identity theft* and *medical identity fraud* are interchangeable terms that can be used to describe the same conduct.
- 2. More than 700 large health care data breaches occurred in the United States in 2023, according to the U.S. Office for Civil Rights.
- 3. Medical identity theft is easily and quickly detected, and the victim's resulting loss is limited.
- 4. A data breach in patient health information can result in illegal access to financial information and theft.
- 5. Medical identity theft represents a large percentage of identity theft.
- 6. Two-factor authentication requires a user to provide two forms of identification to access an online account.
- 7. *Medical identity fraud* is defined as the actual misuse of data to obtain medical care, durable medical equipment, and prescriptions.
- 8. Medical information theft is primarily a problem for large health systems and less of a problem for small provider practices.
- 9. Because of recent federal legislation, a central repository of medical records is used so that victims of medical identity theft and fraud can quickly identify the extent of the criminal use of their information.
- 10. A drop in a person's credit score for no apparent reason can indicate medical identity theft.
- 11. Health care information ranks behind Social Security numbers and credit card information as the most sought-after information by criminals.
- 12. Cybersecurity is more effective for health care organizations than for other sectors of the economy.
- 13. Medical identity theft can result in incorrect information being entered into a patient's health record.

T F

- 14. Health care delivery settings should have a protocol for reporting medical identity theft to patients who have had their medical information stolen.
- 15. Obtaining medical care in the name of a theft victim is an example of criminal use of patient health information.
- 16. To protect confidential information, staff in medical practices and clinics should not click on links from email addresses they do not recognize.
- 17. More than 30 states have adopted some form of comprehensive privacy and security law.
- 18. To lessen the likelihood of unauthorized access to patient information, staff should carefully review and verify requests for the release of health information.

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## Walking Versus Running

Deciding between walking and running for a fitness routine? Both are great forms of cardiovascular exercise that offer unique health benefits, making neither necessarily better than the other. Ultimately, it depends on your ability and fitness goals. To help you decide, here are some of the benefits of walking and running, according to Business Insider:

### Walking Benefits

- Is accessible for all fitness levels
- Helps you maintain a healthy weight
- Boosts your heart health and energy levels
- Offers a lower risk of injury than running

### Running Benefits

- Burns more calories in less time
- Is better for weight loss than walking
- Increases your stamina and cardiovascular fitness
- Provides more of a high-intensity workout

If you are still undecided, try alternating walking and running. This method can reduce fatigue, avoid injury, and speed up recovery. If you're set on eventually running but have no experience, try walking more, picking up the pace, and slowly incorporating running into your routine. This strategy will eventually allow you to run continuously, according to the *New York Times*.

Ultimately, both activities can do wonders for your cardiovascular and mental health. Whether you choose to walk, run, or do a bit of both, prioritize consistency, and listen to your body's needs!

## With a Pinch of Salt

Did you know that even if you're not adding additional salt to your food, you may still be consuming too much sodium? If you frequently dine out or consume things like packaged foods and sports drinks, you may be adding more salt to your diet than you realize.

While your body needs sodium, most people take in nearly 50% more sodium than they should, according to the Food and Drug Administration. This overconsumption can cause life-threatening problems like heart disease and stroke.

Here are some signs that you're eating too much salt, according to EatingWell:

- **Swelling.** Too much salt will make your body retain water, and the excess liquid in the tissues causes swelling, bloating, and puffiness.
- **Frequent headaches.** Sodium affects the ratio of fluid in the body: sodium steals from your body's water supply and causes a dehydration headache.
- **Thirst.** High levels of sodium can give you a dry mouth because salt pulls from your stored fluids.
- **Frequent bathroom use.** Once the thirst from too much sodium is satisfied, the body responds with increased urination to filter out the excess salt.
- **Salty food cravings.** Once you're used to eating salty foods, you will continue to crave them. Consider replacing salt with no-salt-added seasonings, herbs, and spices.

Salt is a necessary nutrient, but remember that a little goes a long way. You can reduce the sodium in your system by sweating it out, hydrating, and eating foods that are high in potassium, according to Cleveland Clinic. Being cognizant of sodium intake will ultimately keep your blood pressure down and reduce your risk for heart disease and stroke.



## In a (Brain) Fog

If you often find yourself feeling mentally drained or having trouble concentrating on tasks, you may be experiencing brain fog. Brain fog is a type of cognitive dysfunction characterized by memory problems, poor concentration, and an inability to focus, according to Healthline. Depending on its severity, brain fog can affect your work, school, or other daily tasks.

Here are some of the potential causes of brain fog:

- **Stress** can cause mental fatigue, making it more challenging to think and focus.
- **Lack of sleep** can interfere with brain functioning.
- **Hormonal changes** such as increased progesterone and estrogen during pregnancy or drops in estrogen levels during menopause can affect memory and cognitive functioning.
- **Dietary problems** such as vitamin B<sub>12</sub> deficiency can affect cognitive functioning.
- **Medications** may have side effects that include brain fog.
- **Medical conditions** associated with inflammation, fatigue, or changes in blood glucose levels can spur brain fog.

The right brain fog treatment will depend on its cause. It may involve changing medications or improving a lifestyle factor, such as nutrition, sleep, or exercise, according to Verywell Health. Other tactics that may reduce brain fog include the following:

- Engaging in mentally stimulating activities
- Engaging in social activities
- Reducing substances that interfere with brain functioning, such as alcohol
- Limiting multitasking
- Taking breaks
- Learning new skills
- Avoiding excess screen time

While brain fog can be frustrating and difficult to manage, relief is possible. Consider your symptoms so you can address the underlying issue and improve your mental clarity.



## It's All Greek to Me

The U.S. Food and Drug Administration (FDA) recently granted the go-ahead to market yogurt as a way to reduce type 2 diabetes risk.

Danone North America, the company behind yogurt brands such as Dannon, Activia, and Silk, submitted a petition over five years ago asking the FDA to not object to marketing yogurt as capable of reducing the risk of type 2 diabetes, according to NBC News. However, the FDA's decision to approve the claim comes with a caveat: make sure consumers know that evidence is limited and that eating at least two cups (three servings) of yogurt per week is necessary to reduce their risk of type 2 diabetes.

Danone's petition highlights yogurt's nutrient profile, including protein, vitamins, and low sodium, as well as studies that support the link between regular yogurt consumption and a decreased risk of diabetes. Notably, the FDA emphasized that yogurt's health effects do not account for varied fat or sugar content, addressing the wide variation in sugar and fat levels among yogurt options.

Remember, not all yogurts offer the same health benefits. While some are low in calories and high in protein, others may be loaded with added sugars. The Centers for Disease Control and Prevention advises limiting the consumption of flavored yogurts, as research has shown a connection between high added sugar consumption and an increased risk of type 2 diabetes.

Ultimately, no food can offer complete protection from a health condition. To prevent the development of type 2 diabetes, following a balanced diet is essential.



By Lisa Bell

**T**he health care industry has changed in recent years, as has the role of medical assistants and practice staff. As value-based reimbursement increases, more services are provided in the practice instead of in the hospital, making the medical assistant a much-needed role in the health care industry.

In fact, the employment opportunities for medical assistants are estimated to increase by 14% from 2022 to 2032, according to the U.S. Bureau of Labor Statistics.<sup>1</sup> As the need for medical assistants increases, practice managers must be mindful of not only how to recruit but also how to retain top talent by creating a welcoming and healthy workplace environment.

Meanwhile, what employees are look-

ing for in the workplace has changed. Fair compensation, work-life balance, flexibility, a positive environment, and opportunities to grow are all crucial in creating a desirable environment for employees. Medical practice leadership must also ensure safety and quality, safeguard financial success, and take care of each staff member on the team, which includes knowing what the team needs and figuring out how to achieve it—a challenge for not only new practice managers but also those with years of experience.

### **Environmentally Friendly**

Creating a welcoming, safe, and supportive environment for the team is essential to providing compassionate and high-quality care to patients. Quality, safety, and service are key pillars in health care.

The culture and environment created in partnership with the clinicians and team are key. The atmosphere can help increase satisfaction in the workplace, decrease turnover, and improve patient satisfaction scores and the quality of care provided to patients.

To create such an environment, teamwork is indispensable. The team involved must include everyone so no one in the practice setting is excluded. A hierarchy exists, with the clinicians and managers as the practice leaders, but more importantly, all staff members are partners in the work. A servant leadership attitude prioritizes the growth, well-being, and empowerment of employees.<sup>2</sup> This style of leadership, combined with good communication and respect for what each person brings to the table, can help build a positive culture.

## Safe Space

Practice managers can be proactive about the culture of the workplace they manage. First, they can be humble and acknowledge they do not have all the answers. Also, they should remember that they are supporting a team made up of people with very different communication styles, life experiences, skill sets, and educational backgrounds. Each individual has different definitions of balance, drive, and goals. Therefore, meeting people where they are is crucial. This can be achieved by building relationships with the individuals, communicating, and being flexible.

Practice leaders set an example, and stepping out of their comfort zone may open opportunities for them and their team. Here are some easy-to-implement ideas to help practice managers create an ongoing positive culture:

- **Offer flexibility to meet the team's needs.** Be creative with schedules. Tap into talents and tasks they enjoy and excel at. You can achieve this by really knowing your team, says Lisandra Santana, MBA, director of operations at AdventHealth Medical Group in Tampa, Florida.
- **Celebrate birthdays, work anniversaries, and appropriate special occasions.** Remember, people are different; some may want balloons, while others are happy with a note. Knowing the individual is key, and you may want to ask people what they are comfortable with, advises Linda Giglio, associate practice

administrator at TriHealth White Oak Family Practice in Cincinnati, Ohio. Additionally, send employees personal notes for a job well done and for going above and beyond.

- **Create opportunities for challenges and growth.** Good employees leave organizations because they do not see opportunities, warns Shawna Slack, RMA(AMT), CPT, associate practice administrator at TriHealth Bethel Family Practice.
- **Create and encourage opportunities for the team to build relationships.** Social engagement is a crucial part of life. Getting the team together for activities unrelated to work can help strengthen empathy in the group, suggests Giglio.
- **Communicate often.** Understand that people communicate in different ways, so use the most appropriate vehicles, whether verbally or through emails, chats, texts, or written memos. Also, conduct dedicated check-ins with each team member on a regular basis. Ask them how things are going and what they need to do their job more easily. You will learn a lot, which will help you connect with them and make improvements that will benefit them, other employees, and the patients.
- **Create an accountable atmosphere through leadership.** Set expectations, communicate them well, and if something falls short, avoid

assumptions. Ask questions and seek understanding. Once you do the due diligence, act accordingly, holding everyone to the same standard, advises Slack.

- **Provide proper training and tools for success.** No one comes to work without the desire to be successful, says Santana. Provide ongoing training and competency validations.

These ideas can also be used to ensure medical assisting students feel welcome and receive quality training and experience during their practicums. Medical assisting students can be a major asset in your practice, as they provide learning opportunities and, depending on the practice's needs, provide quality candidates for future employees.

Being a leader in this industry is not solely about managing the day-to-day but also creating an environment in which practice managers value the team, hear them, and meet them where they are. This does not have to be a hardship. It can be fun, creative, and fulfilling. ♦

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## Happy Place

When a new employee is hired, make sure they feel welcome and comfortable in the workplace:

**1 Introduce the new employee to everyone in the practice.** While this may take several days due to everyone's schedules, it helps new hires feel like they are a part of the team.

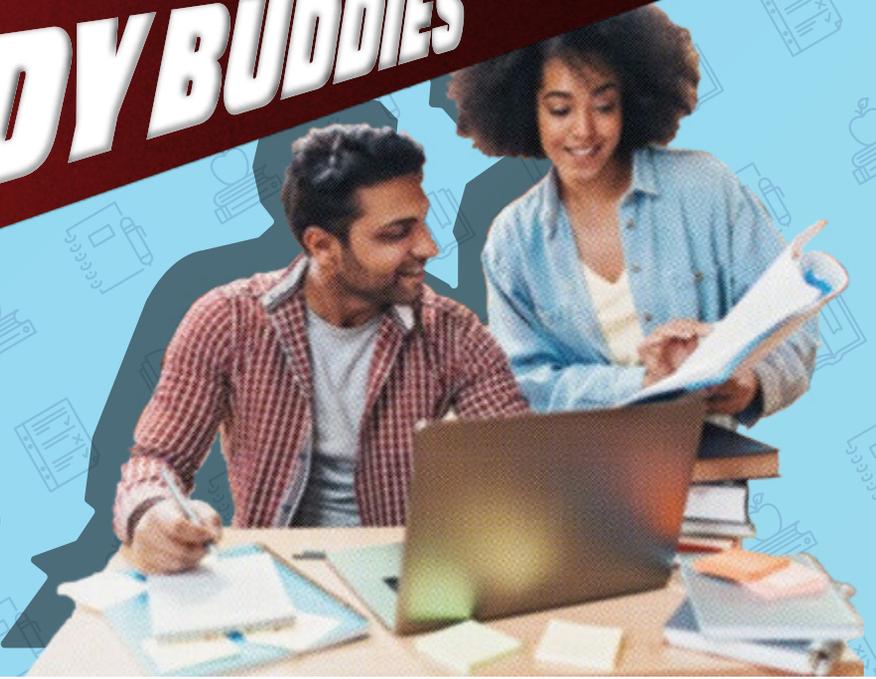
**2 Reach out to them before they start their role.** Give them insight into what the first day may look like, suggests Lisandra Santana.

**3 Set them up with an ambassador or buddy.** This helps the new hire know they have support via a go-to resource for questions and advice.

**Make sure they have a workspace with all the tools they may need.** This could include a "survival kit" given to them on the first day of work. It could include a team phone list, swag, notebook and pen, or candy, says Linda Giglio.

# STUDY BUDDIES

## Prepare Students for the CMA (AAMA) Certification Exam



by Cathy Cassata

**P**assing the CMA (AAMA)\* Certification Exam can help improve medical assisting students' employment opportunities, so preparing them for the exam should be at the top of an educator's agenda.

Fortunately, many tips and strategies to ensure students feel ready for the CMA (AAMA) Certification Exam will be useful before and beyond their exam day.

### **Set Time Limits on In-Class Tests**

Because the CMA (AAMA) Certification Exam is timed, Carmen Monk, BS, CMA (AAMA), medical assisting program director and practicum coordinator at Western Iowa Tech Community College, times her in-class tests so students practice being under the pressure of the clock. "I've had a student run out of time on [a] national exam, and I'm sure she would have passed if she had a little more time," says Monk. "Time management is crucial."

Students can also take the 200-question CMA (AAMA) Certification Practice Exam<sup>1</sup> to test their speed and familiarize themselves with the types of questions on the exam. While none of the same questions will appear on the actual exam, students can gauge how long it takes

them to cover similar material.

"Practice tests are also timed and offer different formats," says Monk. "Some are set up so students can see the answer to the questions right away, others give the rationale for why the answer is right, and others are set up just like the exam, [in which] they must finish the exam and find out their score at the end. It's good to experiment with different formats."

### **Stress Reading Questions Carefully**

While it might seem simple, Monk tells her students to pay attention to how each question is written. For example, "so many times we read over the *not* or *except* part of a question, and we see the one answer that is and just click on that," she says.

Give examples for students to look out for, such as with the following question:

Which of the following is *not* the responsibility of the practice manager?

- A. Maintaining a supply of inventory
- B. Performing employee evaluations
- C. Ensuring adequate staffing
- D. Determining the number of tax exemptions an employee should choose

Overlooking the *not* in the question

could cause the student to miss the mark. However, Monk adds that overthinking questions can also backfire. She suggests that students read the question, answer it in their heads, and then look at the choices.

"I tell them to pay attention to the first thing that comes to their mind when they read the question because that's most likely the right answer," says Monk. "I want them to go with their gut."

### **Teach Medical Terminology**

A strong foundation in medical terminology can help students figure things out on the exam. Several strategies can help students master medical terms:

- Make flash cards by writing terms on one side and definitions on the other. Digital forms of flash cards, such as those offered online or via apps, can mimic and possibly improve the capabilities of traditional paper flashcards.<sup>2</sup>
- Play medical terminology games in class, such as *Jeopardy!*, and matching games.
- Divide students into small groups and have them take turns sounding out medical terms to connect the spelling to their pronunciation.
- Give students pretests before delving

into a chapter so you have an idea of how well they know the material and terminology. For instance, if most of your students test well on a phlebotomy pretest, spending more time on a topic like anatomy will better prepare them for the exam.

### Encourage Mindful Learning

Before students embark on their practicum, Monk tells them to prioritize working in all areas of the clinic. “I tell them to make sure they’re working on administrative and clinical responsibilities so they can put the cognitive things they learned in school into practice,” she says. “You want the practicum experience to reinforce the things they learned in school.”

### Discuss Self-Care and Preparation

In addition to preparing for the subject material on the CMA (AAMA) Certification Exam, Monk reminds students to get a good night’s sleep, drink plenty of water, eat healthy meals, and practice stress-reducing methods like deep breathing. “When it comes to test anxiety, if you’re prepared, you’ll feel prepared, and

that will lessen your fear or anxiety about taking the exam,” she says.

Natalie Christine Dattilo, PhD, a clinical psychologist, founder of Priority Wellness Group, and educator at Harvard Medical School, recommends sharing the following strategies with students to help them mentally prepare for the exam:

**Practice visualization.** Imagining a successful outcome can help boost confidence and motivation. “You can do this leading up to the exam by closing your eyes and mentally walking through the testing process step by step,” says Dr. Dattilo.

Students can picture themselves waking up, getting ready, arriving at the testing site, starting the exam, and performing their best.

“Imagine how you will feel before, during, and after the exam. The more specific the details, the more likely it is to work. This is similar to the way an elite athlete might prepare for an upcoming sporting event,” says Dr. Dattilo.

Picturing or visiting the testing site can also minimize unfamiliarity. “You can do a dry run the day before, which may include even putting on the clothes you plan to wear,” she says. “Reducing the newness of the situation will help keep some of the testing day jitters at bay.”

### Revise catastrophic thinking.

Anxious thoughts that students might have, like “If I don’t do well on this exam, I’ll be a total failure,” can be restated to more realistic and self-compassionate thoughts. Dr. Dattilo recommends rephrasing these statements to something like, “If I don’t pass, I’ll be disappointed, but I’ll keep trying,” or “I’d like to do well on this exam, so I will study hard and do the best I can, which, at the end of the day, is all I can do.”

### Have calming methods on hand.

For students who get nervous during exams, Dr. Dattilo says to remember to breathe. “Taking slow, deep breaths will calm your nervous system and slow your racing thoughts. Aim for a five-second inhale followed by a five-second exhale to start. Then, focus on lengthening your exhale to increase feelings of relaxation. Or, if needed,

focus on lengthening your inhale to activate feelings of alertness,” says Dr. Dattilo.

If nerves keep students from recalling information they know, Dr. Dattilo recommends trying to focus on the questions, specifically on the words, not the fears or intrusive thoughts competing for your attention. “However, it can be helpful to acknowledge them and even thank your brain for suggesting them, but then tell your brain they are just not helpful right now,” she says. “This cognitive distancing tactic can [help neutralize] the power these thoughts can have.”

**Talk to yourself in the second or third person.** Talking to oneself in the second or third person can help maintain clarity, perspective, and emotional control. Dr. Dattilo suggests students use their name encouragingly, such as: “Natalie, you’re ready. You’ve got this. You’re doing great.”

“This strategy is called distanced self-talk, and the brain effectively hears this as someone else talking to us,” she says.

When all is said and done, “trust yourself as an instructor, and [trust] that you’re going to do the best you can with your students,” Monk says. ♦

## AAMA Resources

Prepare students with resources from the AAMA<sup>3,4</sup>:

- “Anatomy and Physiology” webpage
- “Medical Terminology” webpage
- The *Content Outline for the CMA (AAMA) Certification Exam*, which lists the exam’s subject matter by topic category and the number and percentage of questions on the exam by major content areas

You can also share with students a list of accredited medical assisting programs<sup>5</sup> and AAMA local chapters<sup>6</sup> that offer CMA (AAMA) Certification Exam review courses so students can target terminology and subjects they need to focus on.

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# A Winding Road

CMA (AAMA) Finds Her Way to Medical Assisting through Various Twists and Turns

By Cathy Cassata

**S**tephanie Wrenn, CMA (AAMA), entered college in 2003 with the goal of becoming a physical therapist assistant. “I changed my major five different times,” she recalls.

She considered coaching and teaching math and then shifted to finance. “But I felt like I couldn’t sit behind a desk all day, so I put school on hold until I figured out what I wanted to do,” explains Wrenn.

To make ends meet, she took a job with a car business, where she remained for six years until she got married and had children. “When things went south with my husband, I realized that I almost had a 13-year gap in employment,” she says.

After she left her abusive husband, who struggled with addiction, she moved in with her parents. Around the same time, her uncle was diagnosed with stage IV cancer and quickly required hospice. Wrenn helped her aunt care for him. “There was nothing we could do but keep him comfortable until it was his time to go,” she says. “My aunt

wanted me to be in charge of dealing with the nurses so we knew what we should be doing, like how often he would need his medications and how to communicate what was working and what wasn’t.”

The experience rekindled her passion for the medical field and gave her the courage to return to school for medical assisting. She graduated in May 2022 and landed a job with her externship site, which included five different specialties. “The manager let me try all of them to see what I wanted to do. I loved orthopedics. It is such a fun and exciting environment.”

Wrenn stayed with the clinic for more than a year, but due to the long commute, she took a job with a busy podiatrist’s practice that sees between 40 and 120 patients per day. Her duties include rooming patients, printing X-ray orders, preparing steroid injections, assisting with the removal of stitches and staples, cleaning incisions, and ordering braces, walking boots, walkers, and wheelchairs.

“We see lots of fractured ankles and

broken bones,” she says. “I can say that I look forward to going to work every day and helping patients.”

Showing compassion to patients and their families is Wrenn’s favorite part of the job, and it comes naturally to her.

“We had a patient who came in with a broken ankle and fractured tibia, which required surgery,” she says. “He didn’t tell us he had an addiction problem, and after surgery, his wife called to tell us he relapsed. I told her I [understood] what she was going through because I was married to someone who had this problem. Listening to and showing empathy for patients and their loved ones is such an important part of the job.”

While it took difficult circumstances and over a decade to lead Wrenn back to the medical field, she believes medical assisting is her calling. “I know working in the medical field is what I am supposed to be doing,” she says. “This isn’t just a job to get a paycheck. This is something that I am passionate about.” ♦



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