

October 2021
Volume 54, Issue 2



NYSSMA Today

NEW YORK STATE SOCIETY OF MEDICAL
ASSISTANTS

Affiliate of American Association of Medical Assistants
(AAMA)

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PRESIDENT'S MESSAGE

I had the opportunity to attend the 65th Annual AAMA Conference in Houston, Texas serving as your 1st delegate to the House of Delegates. I must admit I was somewhat concerned about traveling due to the still present Covid situation.

I was pleasantly surprised by the cooperation of everyone at the airport, on the plane, and at the hotel. Masks were seen everywhere and precautions were in place. No one complained.

A few states did not send a delegation this year but had the opportunity to participate in the House of Delegates via Zoom which was a new undertaking. We were short some voting machines and a few delegates actually used their cell phones to vote in the House.

Anyone who has attended a House of Delegates with me as a delegate will attest to the fact that I have no fear of stepping up to a microphone to speak my mind or ask for clarification of a point. Our delegation was a good distance from a microphone this year and I told myself I was going to avoid speaking out this year. Well, that did not last long. I am proud to say I took my usual active role and was even approached afterwards and thanked for some of my input. I must say that felt good. There were 20 proposed bylaw changes this year. Some were pretty clear cut regarding changes to comply with the Illinois state laws regarding non-profit organizations, some to allow for meetings and voting during emergency situations.

One interesting and important piece of information came from Don Balasa, our CEO and Legal Counsel. The Medicaid Promoting Interoperability Program, formerly the Medicaid Electronic Health Record Incentive Program, is set to expire at the end of the year. This is the program that allows CMAs to enter medications, laboratory and diagnostic imaging orders into the CPOE system. In July 2021, AAMA launched its national Order Entry Competency Initiative (OEC). It's purpose is to persuade third party payers to incorporate into their agreements with licensed providers the requirement that orders be entered into the CPOE system by either credentialed MAs or healthcare professionals who are competent in order entry. Mr. Balasa will be reaching out to third party payers to get support for this initiative so that we can continue to perform this important task. He has asked that MA practitioner, managers, educators provide contact information for any executives and board members of health insurance carriers. This information can be emailed to him at DBalasa@aama-ntl.org.

Many CEU opportunities were available throughout the conference including a good number of administrative which are somewhat difficult to get locally. There were even a few presentations done virtually for a variety of reasons. The sessions I attended were quite good and I learned a lot.

I would like to take this opportunity to encourage you all to think about attending the 66th Annual Conference next year being held in Myrtle Beach, South Carolina on October 21 – 24, 2022. These conferences are a great way to get to know just how our organization works, obtain CEUs, meet some really wonderful people, and have a good time. The 2023 conference will be in Orlando, Florida. I thank the members of NYSSMA for the opportunity to serve again as delegate and I hope to do so again sometime soon. I would be remiss if I didn't mention that our own Jan Caplan served as the Parliamentary Advisor during the House of Delegates.

As always, please stay safe and be well. Consider getting a Covid vaccine booster if you are able. Flu season is approaching soon; get your flu shot. Watch the AAMA website for free CEUs and NYSSMA board will be meeting soon to discuss the possibility of a convention next year.

Carrie Gravelle, CMA (AAMA)
President, NYSSMA



LETTER FROM THE EDITOR

This issue of NYSSMA Today is one of the first typical issues in nearly two years! Included are recaps and highlights from the National Conference in Houston. It sounds like it was really exciting to be back in person for this event.

Though our local chapter here, Erie County, is not holding in-person general meetings yet, the virtual CEU presentations we have been holding since the beginning of Covid have been so successful in terms of CMA participation and more speaker presentation opportunities for CEUs. I cannot dismiss the fact that it is great being able to learn and earn so many more free CEUs.

I hope some things are getting back to in-person, safely, for you as well.

Happy Reading.

Heather Kazmierczak, BFA, CMA (AAMA)
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AAMA National Conference Recap

By Cynthia A. Ryder, CMA (AAMA)

Monroe Chapter

I was honored to attend the 65th Annual AAMA Conference in Houston, Texas from September 24-27, 2021 as the third delegate from New York State. The Conference was held at the Westin Galleria Hotel with a total of 416 registered attendees. Each day began with a continental breakfast.

On Friday, Sunday, and Monday we were able to choose from many different topics to receive our CEUs, from *cancer prevention screening to sleep disorders and HIPPA compliance to the future of reimbursement*. There were 24 different topics to choose from in clinical, administrative, and general categories. The CMA(AAMA) Knowledge Bowl was held on Sunday, which is an all time favorite for all of us! It was a fun time with learning and laughter which included our AAMA cheerleaders.

On Saturday, the House of Delegates began at 8am. After the first part of the HOD we were able to meet the candidates running for office. In the early afternoon the reference committees met to review all reports and bylaws. The HOD reconvened that evening with voting for the candidates, continued business of the house, and election results. The house adopted 14 bylaw amendments and no resolutions were approved.

Friday night included the Welcome and Awards Celebration and Sunday night was the Presidents' Banquet. All in all, it was wonderful to be able to once again join our fellow Medical Assistants for learning and renewing friendships.

We were told that next year's AAMA Annual Conference will be held in Myrtle Beach, South Carolina from October 21-24, 2022 at the Marriott Myrtle Beach Resort & Spa.

More Evidence Supports CRC Screening at Younger Ages

— Historical data among adults ages 45 to 50 show ominous trends

by Zaina Hamza, Staff Writer, MedPage Today September 8, 2021

Prior to current colorectal cancer (CRC) screening recommendations, incidence of young-onset CRC was estimated to increase by 20% to 30% by 2027, a researcher said.

Modeler analyses based on 56,000 cases of CRC among adults ages 45 to 50 from 2004 to 2017 projected an 11.4% increase in colon cancer by 2022 and a 21.2% increase in incidence by 2027, reported Deborah S. Keller, MD, MS, of the University of California at Davis Medical Center in Davis.



These analyses also projected an 11.6% increase in rectal cancer by 2022 and a 28.6% increase in incidence by 2027, she stated in a presentation at the virtual Society of American Gastrointestinal and Endoscopic Surgeons meeting.

"We have to make sure these patients actually get screened, or these numbers could be a reality," Keller said. "The onset of colorectal cancer has become a public health crisis."

In October 2020, the U.S. Preventive Services Task Force recommended beginning CRC screening at age 45, which aligned their guidelines with the American Cancer Society. The American College of Gastroenterology (ACG) also changed their guidelines in March 2021.

"This lends further data to support the lowering of the screening age for CRC [colorectal cancer] to 45 for both sexes and all ethnicities," Andrew E. Hendifar, MD, of Cedars-Sinai Medical Center in Los Angeles, who was not involved in this study, told *MedPage Today*.

Keller and colleagues cited steadily increasing rates of young-onset colorectal cancer among individuals in the U.S. ages 45 to 50, who also had "high rates of advanced stage disease at diagnosis."

"It's important to quantify how many colorectal cancer cases can be potentially

FREE CEU ALERT

Treat yourself with two CEU courses, currently available for free in the e-Learning Center:

Alcohol and the Immune System: Another COVID-19 Risk Factor?

(1 gen/clin)

Compassion Fatigue and Self-Care for Medical Assistants

(2 gen/clin)

These courses are courtesy of the Medical Assistant FASD Practice Improvement Collaborative.



detected if the screening age recommendations are appropriately followed," Keller added, saying that use of this information could project future cases or cases "that could be saved by early detection from screening."

The group evaluated data from the National Cancer Database among colorectal adenocarcinoma patients ages 40 to 50 from 2004 to 2017. Overall, 56,130 CRC cases were identified and stratified based on site. Of these, 65% of these cases were in the colon, 25% in the rectum and 10% in the rectosigmoid junction.

Primary outcome assessed CRC time trends by site and the estimation of potential cases forecasted without screening.

Men accounted for over half of all cases, with the majority being white. A large majority (85.9%) had no additional comorbidities, Keller said.

Notably, 32% of cases were Stage III, while 23% were Stage IV.

Modeling analyses also examined projected increases in 5-year and 10-year incidence rates for colon and rectal cancer, and found that without intervention, 5-year incidence would increase 111.4% and 111.6%, respectively, while 10-year incidence would increase 121.2% and 128.6%.

Keller explained that without intervention, cases in racial/ethnic minorities may account for the rise in CRC cases.

"The greatest increase [in CRC incidence] will be seen in new patients and it is estimated to be a remarkable increase in a lot of races -- Asian or

¹Hamza, Z. (2021, September 8). More evidence supports CRC screening at younger ages. Medical News. Retrieved October 26, 2021, from <https://www.medpagetoday.com/meetingcoverage/sages/94406>.

In New York in 2018, there were 8,735 new cases of Colon and Rectum cancer. For every 100,000 people, 36 Colon and Rectum cancer cases were reported.

The same year, there were 2,855 people who died of Colon and Rectum cancer. For every 100,000 people in New York, 12 died of Colon and Rectum cancer. ²

Not counting some kinds of skin cancer, colorectal cancer is the third most common cancer in men and women. It is the third leading cause of cancer-related deaths in the United States. ³

If you have symptoms, they may include—

- A change in bowel habits. Blood in or on your stool (bowel movement).
- Diarrhea, constipation, or feeling that the bowel does not empty all the way.
- Abdominal pain, aches, or cramps that don't go away.
- Losing weight and you don't know why.⁵

The percentage of U.S. adults aged 50 to 75 years who were up-to-date with colorectal cancer screening increased 1.4 percentage points, from 67.4% in 2016 to 68.8% in 2018. This represents an additional 3.5 million adults screened for colorectal cancer. ⁴

²Centers for Disease Control and Prevention. (n.d.). *USCS data visualizations - CDC*. Centers for Disease Control and Prevention. Retrieved October 26, 2021, from <https://gis.cdc.gov/Cancer/USCS/#/StateCounty/>.

^{3,4}Centers for Disease Control and Prevention. (n.d.). *USCS data visualizations - CDC*. Centers for Disease Control and Prevention. Retrieved October 26, 2021, from <https://gis.cdc.gov/Cancer/USCS/#/StateCounty/>.

⁵Centers for Disease Control and Prevention. (2021, February 8). *What are the symptoms of colorectal cancer?* Centers for Disease Control and Prevention. Retrieved October 26, 2021, from https://www.cdc.gov/cancer/colorectal/basic_info/symptoms.htm.

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