YOUR VOICE. YOUR PROFESSION.

MICHIGAN PA

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MICHIGAN PA

YOUR VOICE.
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MICHIGAN ACADEMY of PHYSICIAN ASSISTANTS

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Your Newsletter Editor's Corner

Spring is almost upon us, and that means blooming flowers, warmer weather along with MAPA's upcoming yearly Spring Conference. The excitement of this year's conference is palpable, not only by location or venue, but also from the slated topics secured for this CME conference. For those of you who have kept with the market trends over the past year or so, know many things have been changing rapidly; almost at a dizzying pace. If you haven't been able to keep abreast, relax we got your back covered…all you have to do is come over to Midland and attend this conference. Plus, you get to see old friends, renew acquaintances, enjoy the food, etc. Visit our website and check out the lectures planned.

Within this newsletter, we plan to continue updating all the new regulatory changes coming down the pipeline, so you can be thoroughly informed about the new requirements established by the state of Michigan from the passage of PA 379. Become informed and cognizant of what FPAR means to you as an established foundation –a blue print if you will – of our organization to bring to fruition Public Act 379; both for the short term and long term.

Equally exciting and impressive was your financial contributions and support of PAMPAC, which fuels all our legislative momentum along with supporting various stakeholders, who are supporters of the Michigan PA community. And at the expense of sounding like a broken record and before I digress, we must thank our CME Committee who always strive to bring the best in the educational continuum to both the students and the established practicing PA members of MAPA.

As you can see, we at MAPA had a great year, but I/we also subscribe to the idea that the next one should be even better. So please consider sharing your thoughts and/or opinions, but more importantly, volunteer for the different upcoming vacancies within MAPA's board and committees. I can be reached at maravarpac@hotmail.com or by phone at (810) 659-0435. I will be glad to hear or receive any feedback you can give us in our pursuit of better serving your needs…see you in Midland!!!

Cordially yours,

Marcos A. Vargas, MSHA, PA-C
'MichiganPA' Newsletter Editor

President's Message

Michigan PAs have lots to be Thankful for. . .

As I sit here writing my message to you, it is mid-February. It is very windy, cold and dreary outside. Spring is around the corner, but has only peeked around the corner a few times with short bursts of milder weather, only to return to cold, windy days. Soon (perhaps when you are reading this) it will peek around the corner and decide to step forward and stick around until summer comes. With springs' arrival, warmer weather will begin to be the norm, the grass will take on a more vibrant shade of green, flowers will begin to peek their green telescopes above the softening ground, and the sound of water trickling will be heard in the background behind the cries of laughter, while children ride bikes and play tag outside. There is an undeniable joy to spring. The blue sky and warmer weather seems to bring smiles to nearly everyone. Perhaps the joy of spring is simply a result of feeling hopeful and relieved, that the cold has gone away and the promise of warm weather and adventure are ahead.

As a PA working and living in Michigan, spring also brings relief and hopefulness to me regarding our profession. As many of you know, last December, legislation was passed that radically moved the PA profession forward here in Michigan. The new legislation, Public Act 379 of 2016, advanced the profession by modernizing the law concerning a PA's practice. The legislation is like no other in any state! Michigan has once again paved the way for PAs across the country by blazing a new legislative trail. This new legislation removed the terms "supervision" and "delegation" from the statute when referring to the PA-physician team. The legislation also defined PAs in MI as "independent prescribers within a practice agreement" instead of a "delegated prescriber" as we have been for the last several decades; these are big gains for PAs in Michigan. By redefining the relationship between PAs and physicians in a new practice agreement, we feel that we have more accurately depicted the relationship that we PAs have with physicians. The new practice agreement promotes a dialogue between the participating physician and the PA, allowing the skills of a PA in the agreement to be better utilized. The term "supervision" is sometimes misinterpreted by insurers, institutions and other providers. This misinterpretation has lead to situations where PAs were placed in a competitive disadvantage with NPs due to the perceived administrative burden placed on physicians and practices when hiring a PA. By removing the terms "supervision" and "delegation" from the state statute, we hope to eliminate unwanted misinterpretation.

Public Act 379 of 2016 has been greeted with excitement and cheers, but not everyone seems to be as excited as others; there has been some confusion among Michigan PAs, physicians and employers, which is not surprising. As with any big change, there will be some hiccups or confusion. MAPA has been fielding many congratulatory calls/emails, but many questions as well. On the MAPA home webpage (www.michiganpa.org),

we have placed a very informative FAQ page along with a sample practice agreement. We hope the change and transition (which needs to be done by **MARCH 22, 2017**) goes smoothly, and we will do whatever is needed to ensure a smooth transition.

The other big topic after the passing of Public Act 379 of 2016 has been about our status of being an "independent prescriber." Basically, this means we will now be writing prescriptions for controlled substances (through category II) under our own license and we will no longer need to write prescriptions under the 'delegation' of our "supervising" provider (as we no longer have a "supervising" provider). To write a prescription for controlled substances as an independent prescriber, we will need a Controlled Substance License (CSL), as required by Michigan's LARA. As you may recall, when applying for a DEA license prior to 3/22/17, a PA would simply leave the CSL box blank when filling out paperwork to obtain/renew a DEA license. Now we need a CSL, just like the physicians, because we are no longer writing the prescriptions under the physicians CSL (was delegated to us when they agreed to allow for schedule II medications under the previous delegation agreement). Yes, there is an added cost to this, but this is the price to prescribe independently like the physicians.

Spring also brings renewal and rejuvenation. As life outside springs back to our surroundings with warmth and growth of spring, MAPA's commitment to renewing our passion for PAs and providing growth for PAs continues. March 4 and 5 was the AAPA 2017 Leadership & Advocacy Summit in Washington, DC and we were excited to refresh and rejuvenate our passion for MI PAs at this summit. We also shared this experience with several PA students from several PA Programs here in Michigan, who were selected after an essay contest. We look forward to fostering future leaders for our profession! March 31 - April 1 marks the dates for our annual Spring Conference, to be held at the H Hotel in Midland, MI. We are excited to bring great topics to PAs looking to learn and network! Topics include: medical- i.e. infectious disease, cardiology, immunizations and practice related topics: Public Act 379 of 2016, reimbursement, Appriss (revision of MAPS program) and more.

Springtime is also the time of the year we call for volunteers to help PAs in the state by running for office on MAPA's board. We are looking for dedicated and passionate PAs to join the board and help shape the profession for the future. Needed positions include Representatives from Regions 1, 3 and 5, Secretary and President-Elect. If you are interested in any of these positions, contact your region rep or check out our webpage for instructions. If a board position feels to intimidating and you would still like to help, we are always looking for committee members and volunteers. Don't hesitate to get involved!

As the snow begins to melt and excitement for warmer and better times ahead fill our thoughts, I can't help but feel the same for our profession. As always, with great volunteer PAs working for us at MAPA, better times indeed are ahead of us. Let's take the time this spring to smell some of the flowers before forging ahead to our next big adventure.

Sincerely,

R. David Doan III, MS, PA-C
MAPA President 2016-2017

LEGAL ALERT

MICHIGAN ACADEMY of PHYSICIAN ASSISTANTS

By March 22, 2017- EVERY PA in Michigan must comply with the new physician assistant law [Public Act 379]:

Practice Agreement Model	☑ EVERY PA must have a practice agreement with a participating physician
Controlled Substance License Application	☑ EVERY PA prescribing controlled substances must apply for a Controlled Substance License (CSL)

PA 379 Summary:

- **PAs will work within a Practice Agreement with a participating physician**
- **PAs will continue to practice medicine and remain a sub-field of Medicine, Osteopathic Medicine and Podiatry boards**
- **PAs will continue to be held to the standards of competency and training**
- **The terms "supervision" and "delegation" were removed in law in favor of a practice agreement with a physician**
- **Removes arbitrary PA/physician ratios in the statute**
- **PAs are now fully independent prescribers**
- **PAs will continue to practice with a participating physician as a member of a practice team**

For more information on PA 379 and answers to FAQ's on PA 379 see page 19 or visit MAPA's website: www.michiganpa.org

MICHIGAN ACADEMY of PHYSICIAN ASSISTANTS

CALL FOR CANDIDATES

to the 2017-2018 MAPA Board of Directors

Are you interested in becoming involved in PA leadership? If so, **MAPA Wants You**! Do you want to give back to your state academy for all the work it has done to protect your PA work environment in Michigan. If so, **MAPA Wants You**! With the passage of PA 379 (the new PA law in Michigan), our state is now the model from which all other states will emulate. There is no better way to develop both personal and professional leadership skills than by serving on the Michigan Academy of Physician Assistants- Board of Directors. This volunteer leadership commitment challenges you to go beyond the required ideals for your profession and provide ideas and solutions that make an impact to the academy that represents Michigan PAs. Board service allows you to hear different perspectives on issues and helps you form contacts for your professional growth. Volunteer participation on MAPA's board will allow you to meet and work with professionals who have similar interests and help advance our state academy.

MAPA is seeking nominations for the offices of President-Elect and Secretary. Additionally, nominations are being sought for elected Regional Representatives to the BOD from Regions 1, 3 and 5.

Candidates seeking to be placed on the election ballot must submit a statement of interest to the MAPA office that includes biographical data, eligibility for office, credentials and election platform- by **April 1, 2017**. This information can be submitted in the form of a cover letter with resume' and will be made available for review on the MAPA website to the voting MAPA members.

A candidate for the office of **MAPA President-Elect** must have been a fellow member of MAPA for at least three of the last five years. The proposed nominee must have accumulated during the past five years, two distinct years of experience as a member of the board of directors, or either as a MAPA delegate to the HOD, on any of MAPA's standing committees or accumulated the necessary experience deemed appropriate by the Nominations Committee.

A candidate for the office of **MAPA Secretary** must have been a fellow member of MAPA for at least two of the last five years and/or accumulated the necessary experience deemed appropriate by the Nominations Committee.

Candidates for **MAPA Regional Representative** must be a fellow member of MAPA in good standing and live in the region they seek to represent. You can refer to the MAPA website to see the region you live in.

MAPA is also seeking nominations for Chief Delegate and delegates to the 2017 AAPA House of Delegates (HOD). All candidates for MAPA Chief Delegate and delegates to AAPA HOD must be current members of AAPA and fellow MAPA members for the year preceding candidacy. All candidates for MAPA Chief Delegate shall have served at least one term as a delegate with the Michigan delegation; the term for Chief Delegate is one year. The term for delegates from Michigan to the AAPA House of Delegates shall be one year and begins on July 15th of the year of election. Delegates will serve as representatives of the MAPA membership at the AAPA House of Delegates.

To sustain the atmosphere of MAPA's BOD, we need creative and energetic individuals that will help promote quality health care delivery and the PA profession in the state of Michigan. **Nominations are due to the MAPA office no later than April 1, 2017**. New nominations criteria are available on MAPA's website home page for review.

E-mail your completed submissions to: mapa@michiganpa.org. Or mail paperwork to:

MAPA
C/o Academy Administrator
1390 Eisenhower Place
Ann Arbor, MI 48108

STUDENT'S PERSPECTIVE
from AAPA's 2017 LAS

Attending AAPA's 2017 Leadership and Advocacy Summit was an eye-opening experience that allowed me to better understand the issues facing our profession and further develop my leadership skills.

Prior to attending the conference, I was under the impression that state laws and regulations paralleled throughout the United States and that PAs everywhere were facing similar issues. Although some of the barriers are universal, it became apparent that some states were farther ahead than others in regards to full practice authority. In Michigan, we are very fortunate to have a strong legislative voice and were able to pass Public Act 379 this past December; which now serves as a model for other states to follow. On several occasions, this act was referenced during the conference and representatives from different states approached us to learn more about the act and how they could implement something similar in their home state. In addition to discussing legislative barriers and how to overcome them at the state level, there was also discussion about our recertification process and what options are available at this point in time. Although a consensus was not reached, this issue will be further evaluated and discussed in the House of Delegates this May at the AAPA Conference.

As a PA student who aspires to obtain an administrative position later in his career, this was an invaluable experience that gave me insight into advocating for our profession on both the state and national level. I am very grateful for the opportunity to have attended this conference with MAPA and look forward to becoming an active member within our academy.

Austin Ruffin, PA-S
2nd Year UDM PA Student

DEA Announcement
Regarding Renewal Applications

Starting January 2017, DEA will no longer send its second renewal notification for a DEA license by mail. Instead, an electronic reminder to renew will be sent to the email address associated with the DEA registration.

At this time, DEA will otherwise retain its current policy and procedures with respect to renewal and reinstatement of registration. This policy is as follows:

- If a renewal application is submitted in a timely manner prior to expiration, the registrant may continue operations, authorized by the registration, beyond the expiration date until final action is taken on the application.
- DEA allows the reinstatement of an expired registration for one calendar month after the expiration date. If the registration is not renewed within that calendar month, an application for a new DEA registration will be required.
- Regardless of whether a registration is reinstated within the calendar month after expiration, federal law prohibits the handling of controlled substances or List 1 chemicals for any period of time under an expired registration.

MICHIGAN ACADEMY of PHYSICIAN ASSISTANTS

MAPA Mission

The Michigan Academy of Physician Assistants is the essential resource for the PA profession in Michigan and the primary advocate for PAs in the state.

MAPA Vision

The Michigan Academy of Physician Assistants is committed to providing quality, cost-effective and accessible health care through the promotion of professional growth and enhancement of the PA practice environment.

MAPA Values

- PAs are advocates of accessible and compassionate health care
- PAs promote improved health in our communities through a team-based approach
- PAs have a commitment to lifelong personal and professional learning
- PAs adhere to the AAPA Code of Ethical Conduct
- Promote the acceptance and utilization of PAs
- Instill the values of accountability and transparency in the work environment
- Promote excellence and equity in the delivery of cost effective quality health care
- Foster mutual support and inclusion of all PAs

2017 MAPA Spring Conference – A MUST!

MARCH 31ST - APRIL 1ST • THE H HOTEL • MIDLAND, MICHIGAN

Ok folks, cabin fever is over, so come and join us for our Spring conference. Here is your chance to hear the experts in their field talk about aspects of medicine that we must keep in our daily practices in order to continue providing expert care to our patients. Plus, you can pick up to 11 Category 1 CME hours while you're listening to speakers, meeting your colleagues and checking out the vendors that help support our academy.

Keep in mind, The MAPA Spring series originally dealt with the professional components of practicing medicine for Michigan PAs. However, a few years ago we decided to bring in some clinical lectures so attendees could get the best of both worlds. This year's MAPA Spring Conference is going to be exceptional, so mark your calendars!

And just to give you a peak of what's in store for our members, we not only have a line-up of great speakers, but a variety of relevant topics too. Check out the brief epitomes below:

> Want to check to see if you are billing correctly? PAs have a responsibility to ensure the care they provide is accurately reimbursed, although we often do not see insurance claims for our services or participate in the claims submission process. MAPA is bringing in Michael Powe from AAPA's Headquarters in Arlington, VA to educate us. Mr. Powe is the Vice President of Reimbursement and Professional Advocacy for AAPA. If you're not billing for your services or unsure if you are billing correctly, here is your chance to ask questions to someone who has been an expert in the field of reimbursement for over 20 years with AAPA.
>
> Searching for the latest in cancer treatments? Or just needing to know how to answer the PANRE questions on Oncology when you take your recert exam? Joel Appel, DO will be a repository of information on the subject matter when you see his credentials. He is a longtime friend of Michigan PAs. He is an assistant professor of medicine at Wayne State University, Chief of Hematology/Oncology at DMC Sinai-Grace Hospital and Director of the Charach Cancer Treatment Center at Huron Valley-Sinai Hospital. The recipient of many "Best Doctors in the U.S." awards, Dr. Appel's research on cancer treatment has been published in numerous medical journals. He has been actively involved in the national committee for Clerkship Directors in Internal Medicine for over 10 years.

Spring Conference *continued*

Need clarification on the new Michigan PA law: Public Act 379 and what it means for you? How do you comply with the requirements of PA 379? MAPA has brought together a group of experts. Mike DeGrow has been MAPA's Executive Director and Lobbyist now for almost 20 years and he initiated the effort to create this bill. Also, Thadd Gormas, MAPA's new Executive Director and Lobbyist has taken the baton from Mike and was another integral part of getting this law passed along with Ron X. Stavale, PA-C (MAPA's Legislative Committee Chair). All three were instrumental in the development of this bill since its inception. Ron testified in front of Michigan's House of Representatives and Senate in order to get this bill to a vote in the legislature. Jennifer Colagiovanni, Esq. is a partner in the Law Offices of Fehn, Robichaud & Colagiovanni, PLLC. Jenni has practiced exclusively in the area of health law for the past five years. She is committed to developing effective solutions for providers within healthcare's complex regulatory landscape. Recognizing that providers face a variety of challenges, Jenni works closely with each individual, while staying abreast of recent health law changes, to ensure the client's unique issues are identified and addressed.

Do you have a question on whether your practice might be at risk for an investigation? Looking for ways to bulletproof yourself, MAPA is bringing back Jill Kraczon. Jill is a fraud investigator for Blue Cross Blue Shield of Michigan. Ever wonder if something that is presented to you as a better way to make money in medicine is legitimate? Be a penny wise, so you won't be a pound foolish!

Other speakers coming to MAPA's Spring Conference:

Kim Gaedeke

New MAPS - What to Expect

Cathy Frank, MD

Will be speaking on: Violence Risk Assessment and Interventions.

Gurjit Singh, MD

Will be speaking on: Sudden Cardiac Death focusing on athletics.

Karl Wagner, PA-C

Will be speaking on: Return to Work, With or Without Restrictions!

Jona Lekura, PharmD, BCPS

Will be speaking on: Antimicrobial Stewardship Pearls and Updates in Infections Disease.

As you can see from this brief snapshot, MAPA's CME Committee has another great conference for you to obtain valuable and practical information that you can use in your practice…don't delay, register today!

REGISTER NOW FOR MAPA's 2017 SPRING CONFERENCE

SEDENTARY LIFESTYLE – the new cancer?

Chris Noth, PA-C, FAPACVS

So you wake up, get ready for work. You get in your car and drive to work and hopefully, not get stuck in traffic, and eventually arrive at work. You sit at your desk and make phone calls, check your patient list, review labs on patients and check emails and respond to a few. You see your patients' and sit down to do your EHR on each patient you saw. You may sit through a meeting or two. Lunchtime comes around and you eat lunch at your desk, while surfing the internet or addressing your EHR task list. Your afternoon is taken up by meetings again or more computer task work; completing mandatory learning modules or reading papers on research pertinent to your specialty. You get in your car and drive back home or to the local gym and get in about 45-60 minutes of moderate exercise. As you

make your way home, you may stop for some easy take-out or prepare dinner and eat in front of the TV. You watch the news and catch-up on taped shows and then head to bed; and repeat this the next day and the next and… This is what's termed a sedentary lifestyle and you can even be known as a couch potato.

Even though you have carved out some time to exercise, it typically is interrupted by life and is not always routine to your day to balance the inactivity you endure for most of your waking life. Plus the fact that at least you are getting some exercise, where the bulk of the population is content on relaxing and not exercising. *[There is a large number of Americans that have disabilities that prevent them from getting physical activity due to barriers they face in becoming active.]*

A sedentary lifestyle is a type of lifestyle where a person does not participate in regular amounts of physical activity. The CDC recommends that a person should participate in a minimum of 150 minutes of moderate exercise or 75 minutes of a vigorous exercise per week. A goal that is ideal to help improve your health is to walk 10,000 steps (about 5 miles) a day (as seen on your fitbit), this will also reduce the health risks caused by physical inactivity. The World Health Organization (WHO) estimates that 60% to 85% of the worlds' population does not engage in enough physical activity, making the sedentary lifestyle the fourth leading risk factor for global mortality. Researchers have found that a sedentary life could be just as dangerous, if not more so, than smoking.

It is startling to discover that Americans spend 93 percent of our lifetime indoors and 70 percent of each day sitting.

The human body was designed for movement. For thousands of years, humans moved, mostly for survival and gathering food. As humans advanced, our bodies continued to be in motion. Long days of farming and few options for transportation kept us moving, but as technology advanced and made things more convenient for us, we have slowed down as an industrial society and world. A large increase in car utilization and a shift from physically demanding jobs to more office jobs has led to a decrease in our physical activity; it's also why we are seemingly always tired, always stressed and always struggling to lose weight as a society. Technology is the

main contributing factor as to why we are so inactive as a society. It has brought about more inactive modes of transit, caused an increase in sedentary desk jobs and created more activities that can be done while sitting (watching TV, playing video games, surfing the web, using cell phones for everything- all adding to overall screen time). Sedentary jobs have increased 83% since 1950, and physically active jobs constitute only 25% of our workforce; plus, Americans are working longer work weeks- about 47 hours- adding to screen time.

A 14-year study of 123,000 middle-aged adults compared mortality rates of those who spent 6 hours a day or more sitting and those who reported 3 or fewer hours sitting- and when taking into account other risk factors such as diet- they found that extra couch-time was associated with a 34% higher mortality rate for women and 17% higher rate for men. Just as you cannot compensate for smoking 20 cigarettes a day by a good run on the weekend, a bout of high-intensity exercise may not cancel out the effect of watching TV (binge watching) for hours on end. The sobering reality is that over a 14- or 15-hour waking day, we're getting 55% to 75% of sedentary time; moderate to vigorous exercise occupies about 5% or less of people's days.

The risk of premature death is higher among those that sit still more than 5 hours per day.

Worldwide, it is estimated that a sedentary lifestyle is responsible for 6% of congestive heart disease, 7% of Type II Diabetes, 10% of breast cancer cases and 10% of colon cancer cases. In fact, it was recently stated that inactivity is responsible for more annual deaths than smoking.

A sedentary lifestyle and lack of physical activity can contribute to or be a risk factor for:

- **Mental Problems:** Anxiety, Depression, Stress, Exhaustion
- **Heart Problems:** Hypertension, Cardiovascular disease, Stroke, Angina, MI, Lipid Disorders
- **Eye Problems:** Migraines, Eye Strain, Blurred Vision
- **Limb Problems:** Gout, Loss of Muscle Mass and Flexibility, Tendinitis
- **Postural Problems:** Loss of Flexibility, Pulmonary Disease, Chronic Pain (neck, back, hands)
- **Gut Problems:** Obesity, Diabetes, Metabolic Syndrome, Impaired Libido
- **Breast cancer and Colon cancer**- colon and rectal cancers are on the rise in millennials and Generation X adults in the U.S.; prime suspects for this rise include obesity, inactivity and poor diets

There is strong scientific evidence that states frequent moderate to vigorous intensity exercise during the week plays a significant preventative role in cardiovascular disease, type II diabetes, obesity and some cancers. With over 600 bones and 200 muscles in the human body- we are made to move, but technological advances in civilized societies have produced seductive environments that promote sedentary behaviors.

The American College of Sports Medicine (ACSM) recommends at least 30 minutes of moderate-intensity physical activity (working hard enough to break a sweat, but still able to carry on a conversation) five days a week, or 20 minutes of more vigorous activity three days per week. The physical activity needs to be of various sorts, aerobic and strength training, walking, running, cycling, rowing or swimming. Along with exercise, getting up frequently at work and taking a walking break helps. This needs to be balanced with a nutritional food plan that helps promote a healthy lifestyle.

RECONNECTING

with "the call"... a New Day

Marcos A. Vargas, MSHA, PA-C

After 7-years of the fast-track of being an Emergency Medicine PA at a Level I Trauma Center, it all came crashing down on me. Unfortunately, I had simply run out of gas. And the fact that I started out as a CVT Surgical PA for 2 years followed by 6.5 years of General Surgery, all (literally) at full speed, did not prepare me one bit for this day.

It was as if I had run into a concrete wall at full force. The fun of it all went out the door in a hurry. The work-related pressures and/or responsibilities along with the political games had transformed me into a "clinical zombie" of sorts. My physical and mental stamina where gone—drained! I just remember going through the motions. What's more, my health started to fail me, all because I did start taking my own health for granted. But on the flip side, there was a silver lining, one that I would have never imagined in my wildest dreams. As I tried to find my calling, I slowed my pace quite significantly in order to reassess and restore my health prior to feeling crispy-fried from my cumulative fast pace that I was living post PA school.

During this period I became a presenter/lecturer to two local PA programs. Also and coincidentally, I serendipitously became a medico-legal consultant and shortly after an expert reviewer too. This came about from the many depositions I was involved during my years as a practicing EM PA. Who would have thought this personally perceived career nuisance would lead to a "niche" and a new skill set? But there it was, a disguised opportunity to continue learning and growing personally as well as professionally. As they say, while a door might be closing another one will be opening. Slowly, I began to feel the passion again and see medicine through a different set of lenses.

Eventually I left emergency medicine, and as I reconnected with medicine, these peripheral opportunities led me to recharge my personal and professional outlook. In other words, to basically begin anew and get a "second wind" to continue the journey. Looking back on these career-related experiences, or "peaks and valleys", it became crystal clear how easily we can get distracted by all "the noise" around in our lives.

I almost became a career-changer, which can happen and you toy with the idea when things have stalled or not gone as planned. At one point, my initial plan was to have worked for less than 3 employers through my career, but as we all know, reality would dictate otherwise as it often does. For sure, I would have given anything to have been like one of those PAs that have been fortunate to have been employed with only one employer throughout their entire careers. Again, life is not a "straight line between two points"-- often times anything but. I discovered that life may not always be a bed of roses, or a rainbow at the end-of-a-path, but among these twists and turns and in some extreme cases of career spoilers, you can still have fun and move beyond the burnout point and restart anew or again like the old myth of The Phoenix—reborn from the ashes.

So what's the point? We must be vigilant and recognize such negative feelings or attitudes that can rob us of appreciation for our careers or delay our career growth in other instances. But more importantly, hinder our unconscious to resolve or improve our immediate circumstances. We must always remain hopeful that there will be light at the end of the tunnel with a bright new day ahead of us regardless of the bleak picture we might be facing momentarily. Above all, whether you're just starting your PA career, or you are a mid-career PA or a seasoned PA on your final leg of your career, just remember this: remain receptive to "second acts"...they can spur you to better and bigger things— trust me; I for one know this could be the way to reconnect with your calling.

It's ok to take a brief hiatus or even take your career in a different direction as long as you're broadening your career horizons and perspectives. In closing, I would like to leave you with an ancient quote from La Tsu, from the TaoTe Ching:

'Each separate being in the universe returns to the common source. Returning to source is serenity. If you don't realize the source, you will stumble in confusion and sorrow, but when you realize where you come from, you naturally become tolerant.'

FINGERPRINTING

In Michigan, the statute (MCL 333.16174, 1978 PA 368) that became effective since October 1, 2008 required a fingerprint and a criminal background check to be on record for a Michigan health professional license (your PA license as an example). Prior to this date, anyone who obtained a health professional license in Michigan was not required to have a fingerprint on file with the state licensing bureau.

With the passage of PA 379 in Michigan, PAs who write prescriptions for controlled substances will now need to obtain their own Controlled Substance License (CSL). PAs in Michigan are now described as 'independent prescribers' in PA 379, and as such, we will no longer need to identify a delegating physician's name on prescriptions nor include a physician's DEA number on controlled substances prescriptions that we write. The Michigan Department of Licensing and Regulatory Affairs (LARA) is in the process of sending out a mailing (with the Michigan Criminal Background Check Fingerprint Request Form- Identogo), to let those applying for a CSL know that if the applicant for a CSL does not have a fingerprint on record with LARA, then they will need to have a fingerprint recorded before a CSL is issued to them. If you applied for a Michigan health professional license after October 1, 2008 and have a fingerprint on record, you do not need to obtain another fingerprint and you will be issued your CSL after your application is processed.

The company from which you can obtain a fingerprint for the state, Identogo will be at the 2017 MAPA Spring Conference. They will be able to get your fingerprint for a nominal fee, but they will only be there on Friday 3/31/2017 from 10am - 2pm.

OPIOID DEPENDENCY

risk post surgery

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The Centers for Disease Control has described opioid-associated morbidity and mortality as a national "prescription painkiller overdose epidemic."(1) In the US, the amount of prescription opioids dispensed has nearly quadrupled since 1999 without an overall change in mitigated reported pain.(2-4) In 2014, approximately 2 million Americans abused or were dependent on prescription opioids.(5) Patients who use prescription opioids have increased healthcare utilization and costs, as well as higher rates of morbidity and mortality due to unintentional overdose, misuse, abuse, and transition into heroin use.(6, 7)

One of the most common episodes for opioid prescribing is during the perioperative period, and opioids remain the cornerstone of postoperative pain management. Alarmingly, nearly 10% of opioid naïve patients who undergo "successful" surgery remain opioid dependent following surgery, and new persistent opioid use is now one of the most common postoperative complications. (8-10) Yet, there are no guidelines to direct postoperative opioid prescribing.

The lack of evidence-based guidelines for postoperative opioid prescribing has contributed to a surplus of opioid pills within our patients' homes and communities, increasing the potential for diversion and nonmedical use. A recent study suggests that for outpatient general surgery procedures, roughly 72% of prescribed opioids go unused. (11) In a recent Kaiser Family Foundation poll, 45% of respondents indicated they personally knew someone who had taken a prescription painkiller that was not prescribed to them.(12)

Current opioid disposal options are limited to authorized opioid collectors, including selected law enforcement agencies pharmacies, or organized pill drop events, and many patients remain unaware of these resources.(13)

In October 2016, we launched the Michigan Opioid Prescribing Engagement Network (Michigan OPEN) in an effort to develop a preventative approach to the opioid epidemic in the state of Michigan. Michigan OPEN, initiated at the University of Michigan and funded by the Michigan Department of Health and Human Services, aims to curb opioid dependence, misuse and abuse by targeting opioid naïve-patients prior to opioid dependence. Over the next five years, we plan to increase awareness among surgical patients and providers regarding the risks of prescription opioids, obtain detailed clinical data, and identify and disseminate best practices in postoperative opioid prescribing. We are also organizing statewide opioid recovery drives, creating novel opioid disposal strategies, and identifying methods to improve opioid return.

To execute our work plan, we are partnered with Michigan's unique network of collaborative quality initiative (CQI) programs funded by Blue Cross Blue Shield of Michigan (BCBSM). The CQIs are physician-led

networks devoted to improving the care of patients in Michigan, and represent all major hospitals and surgical specialties. For example, the Michigan Surgical Quality Collaborative includes the 73 Michigan hospitals that perform major inpatient general and vascular surgery procedures. The CQIs have a robust data infrastructure that enables detailed clinical data collection, best practice identification, and rapid dissemination. More importantly, these CQIs have an established culture of trust and cooperation that enables rapid clinical practice change.

Leveraging the existing CQI data platforms, we are creating a patient-centered data infrastructure that integrates patient reported outcomes (e.g. pain, satisfaction), patient utilization of postoperative opioids, and provider prescribing. With this data, we aim to create tools that help providers to tailor their opioid prescribing and to identify patients at risk for prolonged postoperative opioid use. We also hope the data and tools we create will inform provider- and hospital-level quality improvement efforts.

The Role of Physician Assistants

Our efforts are particularly pertinent with the passage of Public Act 379. Physician assistants now have their own controlled substance license and are no longer delegated prescribers.(14) Almost a quarter of Michigan PAs work in surgical subspecialties, according to the AAPA 2015 National Survey, and over 40% of opioids are prescribed following episodes of surgical and dental care.(15-17) Unpublished data from our group suggests that approximately 20% of the opioids prescribed after surgery in Michigan are written by PAs.

What Can Physician Assistants Do Today

In the December 2016 Michigan PA newsletter, Michael J. White, PA-C wrote of the devastating effects of opioid abuse and encouraged PAs to "just say no" to some patients when prescribing for chronic pain.(18) As was previously discussed, appropriate prescribing guidelines are lacking for surgery; however, the

guidelines and lessons from chronic pain can apply to post-operative care:

1. Avoid overprescribing for postoperative care: Data are slowly emerging regarding recommended dosing for specific surgeries(11), and our group hopes to further inform guidelines. Until that time, PAs should give thought to what they consider an appropriate number of pills and avoid overprescribing.

2. Be judicious with refills: Refills may sometimes be necessary but should be limited in dose and duration. Before refilling opioids, PAs should ensure that patients are still treating surgical pain and not other types of pain, sleep disorders or depression.(19)

3. Limit opioid prescribing to acute pain: Opioids are not recommended for most types of chronic, non-malignant pain.(20-22) Therefore, as acute pain resolves, PAs should consider non-opioid alternatives to treat pain or seek consultation from pain specialists.

Michigan OPEN: Focusing on Prevention to End the Opioid Epidemic

With many of the guidelines and best practices regarding opioid management focused on primary care and chronic pain, surgery will likely become the primary

pathway to opioid dependence, misuse, and addiction for opioid naïve patients. As peri-operative providers, we have a critical responsibility and opportunity to develop appropriate prescribing practices. Michigan OPEN is excited to partner with healthcare providers across the state of Michigan to ensure appropriate acute pain care following surgery, while protecting our patients and our communities. We believe that the lessons learned in our state will be applicable for the rest of the country. For more information about our initiative, please visit: www.michigan-open.org or email us at: MichiganOPEN@umich.edu.

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FAQ's

frequently asked questions

PA 379 FAQ's listed, in entirety, from website, public act 379 of 2016

Q. Was a new practice law recently passed that changes the way PAs and physicians work together?

Yes. Public Act 379 of 2016 was just signed into law which more clearly defines the relationship between a PA and a participating physician by creating a written Practice Agreement. The Practice Agreement requires each provider to consider education, training and experience in order to ensure the highest quality patient care.

Q. When does this new law go into effect?

PA 379 will go into effect on March 22, 2017. A PA and their participating physician must have a new practice agreement in place by that date.

Q. Does the new law remove the terms "supervision" and "delegation"?

Yes. PAs in Michigan are no longer required to work under supervision or delegation of a physician according to the new law. PAs will now be required to work with a "participating physician" according to the terms in a "practice agreement."

Q. Can a PA practice without a physician?

No. The new law continues to support the PA and physician team. PAs will now be required to work with a "participating physician" according to the terms in a "practice agreement."

Q. How is a "participating physician" defined in law?

A "participating physician" means "a physician, a physician designated by a group of physicians under section 333.17049 to represent that group, or a physician designated by a health facility or agency under section 333.20174 to represent that health facility or agency."

Q. What is a Practice Agreement?

A Practice Agreement is a written agreement between a PA and a participating physician that is now required by law under Public Act 379. This agreement generally defines the communication and decision making process by which the PA and the participating physician provide medical care to their patients. The Practice Agreement may also place conditions on specific duties, procedures or drugs, if the parties of the agreement choose to do so. It is not intended to be a burdensome or lengthy document, but rather, provide a general understanding of each professional's knowledge and skills utilized in each unique practice setting.

Q. What information is required within a Practice Agreement?

The new law [Public Act 379] requires the following provisions to be addressed in a Practice Agreement:

> "(a) A process between the physician assistant and participating physician for communication, availability and decision making when providing medical treatment to a patient. The process must utilize the knowledge and skills of the physician assistant and participating physician based on their education, training and experience.
>
> (b) A protocol for designating an alternative physician for consultation in situations in which the participating physician is not available for consultation.
>
> (c) The signature of the physician assistant and the participating physician.
>
> (d) A termination provision that allows the physician assistant or participating physician to terminate the practice agreement by providing written notice at least 30 days before the date of termination."

FAQ's *continued*

Q. Can credentialing documents qualify as a Practice Agreement?

The document must contain, in some form, the information required by law (as outlined above) in order to qualify as a practice agreement.

Q. How will PAs be able to prescribe medications without delegation from a physician?

Physician Assistants are now defined in PA 379 as independent "Prescribers" (within a practice agreement). This is an exclusive designation in law that, in addition to PAs, includes physicians, dentists, veterinarians, optometrists (limited to therapeutic pharmaceutical agents) and advance practice registered nurses (excluding schedule 2-5 which must be delegated by a physician according to Public Act 499 of 2016).

Q. Does this mean that a PA must now obtain their own state Controlled Substance License (CSL)?

Yes, a PA who intends to prescribe controlled substances must now purchase a State of Michigan Controlled Substance License (CSL) in addition to maintaining their DEA license. CSL applications are available now but will not be approved before March 22, 2017. Click here to apply now for the State of Michigan Controlled Substance License.

Q. Are there any new limitations on the drugs a PA can prescribe?

No, the new law does not place any additional limitations on drugs a PA can prescribe. Michigan law still prohibits PAs from prescribing medical marijuana and abortive drugs.

Q. Are there any new limitations on a PA's scope of practice?

No, the new law does not place any additional scope of practice limitations on PAs.

Q. Does the new Practice Agreement need to be filed with the state or any other government entity?

No. The Practice Agreement must be signed and dated by both the PA and the participating physician prior to a PA providing patient care. The Practice Agreement needs to be readily available for inspection if necessary.

Q. What happens if the conditions of the Practice Agreement change?

If the conditions of the Practice Agreement change, the updated Practice Agreement must be signed and dated by both the PA and participating physician.

Q. Does the Practice Agreement need to be updated annually?

No. The agreement only needs to be updated if the conditions of the Practice Agreement change (see above).

Q. Are there any restrictions in the number of PAs that can enter into a practice agreement with a participating physician?

The new law [Public Act 379] removes the previous PA/physician ratios in law and creates new language that triggers disciplinary action by the Board of Medicine, Board of Osteopathic Medicine or the Podiatric Board of Medicine if the number of PAs per physician exceeds a reasonable standard-of-practice threshold.

Q. Does the new law impact liability or reimbursement for PAs?

There are no predicted changes to liability or reimbursement as a result of the new law. This FAQ will be updated if we expect any impact on liability or reimbursement for PAs.

CALL FOR SPEAKERS

Michigan Academy of Physician Assistants
Fall CME Conference, October 5-8, 2017
Amway Grand Plaza Hotel, Grand Rapids, Michigan

MAPA is seeking speakers for the upcoming Fall CME Conference. The fall conference has long been Michigan's premier conference for PAs, and Michigan providers and clinicians highly value the presentations made by clinical leaders and industry experts, as well as the excellent networking opportunities provided by MAPA.

Potential speakers include PAs, physicians, and other health care professionals. Potential topics include:

- Board review of any system
- Physical exam of any system
- New guidelines of any system
- Cardiology
- CHF
- Childcare
- Concussion
- COPD
- Critical care
- Diabetes treatment
- Eldercare
- End of life
- ER care
- Hematology
- Hypertension
- ICD 10
- Lead poisoning
- Legal issues
- Mental health
- New procedures
- New treatments
- Obesity
- Oncology
- Pain
- Pharmacology
- Readmission diagnoses
- Reimbursement
- Relationship of dental health
- Stroke
- Other PA or health care issues

Presentations are generally 40-45 minutes long plus ten minutes for questions. To submit a presentation for consideration for MAPA Fall CME Conference, October 5-8, 2018, at the Amway Grand Hotel, Grand Rapids, MI, go to https://mapa2017cfp.hubb.me. Please be prepared to list your presentation title, short biography, and 3-4 learning objectives that describe your presentation's content. These are required to apply for CME credit.

All submissions must be received by April 21, 2017. Questions? Please contact CME co-chairs Donna Hines, PA-C (nadda200@aol.com) or Jeff Collinson, PA-C (gafir1@gmail.com).

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Presentations to Include:

Investigating Health Care Fraud – Jill Kraczon

Return to Work With or Without Restrictions That Is the Question - Karl Wagner, PA, BA

Public Act 379 of 2016 - What This Means To the Practicing PA - Ron Stavale, PA-C, Mike DeGrow, Thadd Gormas and Jennifer Colagiovanni, Esq

Navigating the Reimbursement Maze - Michael Powe

Targeting the Tumor - Joel Appel, D.O. FACP

New MAPS - What to Expect - Kim Gaedeke

Sudden Cardiac Death: Focus on Athletics - Gurjit Singh, MD

Violence Risk Assessment and Interventions - Cathy Frank, MD

Antimicrobial stewardship pearls and updates in infectious diseases - Jona Lekura PharmD, BCPS

Documentation and Coding Guidelines – Janet M. Little, MHA, CPC

Schedule:

Friday, March 31, 2017

7:00 AM	Registration Opens
8:00 AM - 12:00 PM	Speaker Presentations
12:00 PM	Lunch
1:00 PM - 5:30 PM	Speaker Presentations
5:30PM - 6:30PM	Networking Reception at WhichCraft Taproom

Saturday, April 1, 2017

7:00 AM	Registration Opens
8:00 AM - 12:00 PM	Speaker Presentations

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EVENTS/ CONFERENCES

MAPA Spring CME Conference

DATE: March 31-April 1, 2017

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