

March 2013



*The Only Informational Resource  
for Michigan Physician Assistants*

# Michigan PA

## Understanding the Incretin Effect

### What's Inside



See page 12 inside

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# CONTENTS

## Cover

**8** Understanding the Incretin Effect  
*(continued from Cover)*

## Departments

### PROFESSIONAL SERIES

- 5** Lean Quality System on the Farm's
- 7** Life as a PA Student
- 13** Ron L. Nelson Award of Achievement
- 14** MAPA's Call for Candidates
- 15** Ten Costly Career Mistakes

### CONTINUING MEDICAL EDUCATION

- 12** 2013 MAPA Spring CME Conference Alert
- 17** Gluten: What, Where and Why?
- 18** 2013 Fall CME Conference Reminder
- 20** MAPA's Legislative Day Reminder

Where's  
Ronaldo?



## MAPA's Mission

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

## MAPA's Vision

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

## President's MESSAGE



Ron X. Stavale, PA-C

At MAPA's Fall Conference in October, I was asked to give a "State of the Academy" address at the 'Issues & Answers' luncheon. Now, four months later, it is time to give you an update on what is happening with your profession and what issues we are diligently monitoring.

In 2012, we worked to have the legislation passed to clarify full outpatient prescribing of scheduled II medications from both DOs and MDs. Governor Rick Snyder signed Senate Bill 1145, which became PA 210 of 2012. This bill focused on a patient centered problem; whereas patients were limited in receiving prompt and efficient care because in the outpatient setting, PAs could not prescribe scheduled II medications and could only write scheduled II medications for 7 days upon discharge from a hospital. MAPA was supported by both the Michigan Osteopathic Association (MOA) and the Michigan State Medical Society (MSMS) along with the State Pharmacy Association; this combined support was greatly appreciated. By eliminating the barriers of providing quality health care for our patients, it is easier to keep our patients as the focus and not the issue.

We as an academy have accomplished removing many of the barriers to practice that existed since our inception in 1976, so then, what is on our horizon? One of MAPA's goals is to amend the so called 'Ratio Rule.' The Ratio Rule law states that in the outpatient setting, a physician can only supervise 4 PAs in total and only 2 at each practice site. By removing those restrictions and effectively increasing the amount of PAs that a physician can supervise in the outpatient setting, we can have a positive effect on the primary care shortage that seems to be overwhelming and inevitable. MAPA will have then accomplished the Six Key Elements of a PA Practice Act identified by AAPA and place Michigan as one of the elite practice environments in the country.

MAPA is also creating a Task Force to review the Mental Health Code, which is separate from the Public Health Code. We have had input from PAs in psychiatric practice settings across Michigan and they are encountering limitations or barriers to their practice that affect their ability to care for patients to the fullest extent of their training. If you know of any PAs that are having difficulties when trying to care for psychiatric patients please contact MAPA about this. We will include these issues in the creation of a plan to amend the laws in the Mental Health Code that limit PAs ability to care for patients.

Another issue that MAPA is interested in following is the Nurse Practitioner Independence Bill or Senate Bill 2. This bill was originally introduced in the Health Policy Committee last year, this year it was introduced in Senator Jansen's- Reforms, Restructuring and Reinventing Committee. MAPA's Immediate Past-President Brian Gallagher, Executive Director Mike DeGrow and I, attended the first informational hearing on this bill in early February. Recently, we met with Senator Jansen to clarify our position, namely:

**'With all of the changes occurring in the health care arena, we support a physician directed team and that individual silos of care are not in the best interest of the patient.'**

Other concerns were voiced regarding the effect the bill will have on the many mixed medical practices in the state of Michigan. Under this new bill, a PA and an NP in a mixed medical practice would then have separate

*continued on page 4*

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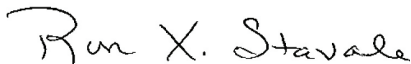
regulatory boards that would promulgate different rules for the two professions. We can only see this complicating the care of patients, especially in mixed medical practices where the PA and the NP would be sharing care of the patients, covering each other and working as a team.

MAPA will continue to follow this bill in committee, if however, the bill is voted out of committee and sent to the Senate floor, it is predicted that it may pass. Remember, there are two legislative bodies, the House of Representatives and the Senate; we expect to see a lot more deliberation on Senate Bill 2 in the House. As a point of information, I need to mention that in 1995 the Michigan Senate unanimously passed a bill stating that all RNs may independently prescribe; that was as shocking to read in 1995 as it is today! That bill never became law because it was then never introduced in the House of Representatives.

**We truly appreciate your membership and your support of our (yours and our) efforts to protect and maintain a great practice environment for PAs in Michigan.**

I hope you will consider attending our Spring CME Conference in Livonia on March 22nd and 23rd. National leaders in policy and billing will be there along with other speakers discussing issues important to PAs in Michigan. In addition, one of the most dynamic and well received lecturers from our Fall CME Conference- Ray Beckering, Assistant US Attorney will be talking about 'Fraud and Abuse Pitfalls for Physician Assistants.'

Sincerely,



Ron X. Stavale, PA-C

MAPA President 2012-2013

## AAPA's Candidate for President-Elect



John McGinnity, PA-C, one of Michigan's own PAs, is running for the position of AAPA President-Elect. MAPA Board of Directors unanimously endorsed John for the position on January 19, 2013.

John has served MAPA in a variety of roles for many years, including President of MAPA from 2008-2009. Many PAs will also remember him for his work in planning a number of the MAPA annual Fall CME Conferences as MAPA CME Chairperson. His work for the past few years has been on the AAPA Board of Directors as a Director-at-Large. John is well known for his message that "PAs are central to cost-effective healthcare." As AAPA President, John stated that he would work to demonstrate that PAs are the most flexible and best-trained profession to fill the void of physician shortages that our healthcare system is currently facing.

We encourage all MAPA members to be engaged in the AAPA election process and fully endorse John McGinnity, PA-C for AAPA President-Elect. Every vote will count in this important election, so please take the time to support a Michigan PA! AAPA election voting opens April 1st and extends thru April 30th, 2013.

To review the AAPA election page, visit: <http://www.aapa.org/election> Visit: [johnmcginnity.com](http://johnmcginnity.com) to review John McGinnity's Election Webpage!

# Domino's Farms Surgery Pre-Op Clinic adopts Michigan Quality System's lean in daily work system

By Cathy Mellett, contributing writer

Would you jump at the chance to improve employee satisfaction in your area if you could? Even if you weren't sure you totally believed in the methods at hand?

Eighteen months ago, Bill Palazzolo, M.S., P.A.-C, clinical director at Domino's Farms Surgery Pre-Op Clinic, rolled out Michigan Quality System's (MQS) lean in daily work system in his area and was pleasantly surprised.

"If you had told me years ago that lean worked, I wouldn't have believed you," he says. "But now I get it. I'm a believer."

Knowing that patient satisfaction and employee satisfaction are linked, Palazzolo was looking to improve communication and satisfaction among his team, with the goal of improving the patient experience.

The clinic, which has been in existence for over 4 years, provides perioperative risk assessments and pre-operative risk optimization for scheduled surgical patients for the majority of surgical departments. Its patients are primarily adults—12,000 patients a year and growing—from ophthalmology to cancer to orthopaedic surgery, who have complex medical problems or potentially difficult airways.

Clinic staff sees 50 to 70 patients a day with appointments that last about an hour each.

The clinic has a full-time staff of 10 PAs, two registered nurses and five medical assistants. Rotating anesthesia staff as well as PAs and nurse practitioners from other



(From left) William Palazzolo, clinic director; Jennifer Tomford, clinic manager; and Linda Schaffier, medical assistant, discuss process improvement ideas during a leadership walk in front of the visual metric board.

surgical services also provide pre-operative care in the clinic space.

Since the clinic began its lean journey:

Employee engagement (a willingness to recommend your area to other employees) has seen a jump from 53.3 percent in March 2009 to 82.3 percent in March 2012.

Employee satisfaction, measured by the Lean Culture Survey, has seen an overall improvement of 20 percent. The two largest improvements—working in a fear-free environment and seeing waste and problems as opportunities—have risen 36 percent and 31 percent, respectively.

*continued on page 6*

### Domino's Farms Surgery Pre-Op Clinic *continued from page 5*

Time from patient check-in to check-out decreased 17 minutes—from 97 minutes to 80 minutes.

Employees submitted 170 everyday lean ideas —from assigning patients to employee workflow.

In their most recent survey, 90.9 percent of patients were pleased with the care they received, and 95.8 percent would schedule another appointment with the clinic.

Palazzolo attributes these successes to a number of lean-in-daily work activities, including 10-minute daily huddles in which the entire staff meets at the clinic's metric board to discuss what they can do better or differently. Each employee takes the lead for a full week. "So we all own it," he says.

"With our patients' needs, what we do can be very complex. Lean helps us achieve highly coordinated patient-centered care."

Associate Dean for Clinical Affairs and Professor of Internal Medicine Jack Billi, M.D., agrees. "The Pre-Op Clinic at Domino's Farm's is a 'model line' for the Michigan Quality System's lean in daily work system," Billi says.

"Bill and his staff integrate robust teamwork, visual management and structured problem-solving into how they do their work every day. Their employee engagement and patient satisfaction results prove out the lean maxim that 'Good process produces good results.'"

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# Life as a PA Student

Intense! Information overload! Stressful! Fear of not passing! Self-doubt! No family time or social life. These are all descriptive phrases that have been said and heard when referring to PA school. Although PA school is difficult and can be quite demanding in terms of both physical and mental presence, there is more to PA school than non-stop studying and test taking. Unfortunately, the slightly less appealing aspects of PA school are what seem to be accentuated a great majority of the time. As a current 2nd year PA student in the Class of 2013 at Western Michigan University, I will highlight the more positive features of being a PA student that are often forgotten.

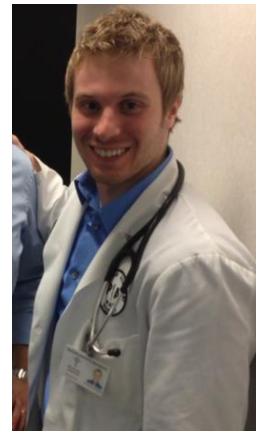
The first semester of 1st year was, by far, the most challenging. It took some time to adjust to the best method of studying while balancing 11 graduate level classes at once. However, there are three main factors that helped with this process. The first factor is the PA program faculty. They truly wanted each and every student to be successful and they would do everything they could to help as long as you took the initiative to ask. They also realized that 40 plus hours a week in the classroom plus independent studying was a lot to deal with, so they tried their very best to help make teaching and learning as interesting as possible, by using a combination of lectures, problem based learning, activities and guest speakers. The second factor was the fellow PA school classmates. Everyone in the class was under the same pressure, so this common theme was the foundation to building support groups as well as life-long friendships. Each individual person in the class had their own unique area of expertise to offer, and this proved to be particularly helpful in study groups throughout the 1st year. The final factor was to make sure to relax and take breaks periodically. This was crucial in maintaining sanity throughout the chaos of all the seemingly never-ending assignments, quizzes and tests. These included things such as exercising, watching a movie or favorite television program, spending time

with family, or getting together with classmates after pharmacotherapeutics at 9 PM on a Thursday night.

The 2nd year of PA school is a completely different animal, consisting of going from rotation to rotation every 4 to 8 weeks. The clinical rotation sites are located all over Michigan and surrounding states, such as Ohio, Illinois and Tennessee. In my opinion, 2nd year is the most exciting part of PA school. In this environment, you are given the opportunity to put into practice what you learned during the 1st year of PA school, while working alongside practicing PAs, physicians, NPs, nurses, PTs, OTs and MAs. In addition, you are given the experience to meet new people and, depending on location, experience cultural diversities.

In conclusion, although PA school is very demanding, it has many positive aspects that are often overlooked. There are faculty members who do an excellent job in preparing you for real-life clinical practice and fellow classmates who become a tremendous source of support and prove to be life-long friends. PA school also provides the opportunity to practice your clinical skills while under the supervision of licensed medical providers. The key to surviving is to just remain calm, breathe, and be sure to make time to do activities that you enjoy.

*Michael Francisco, PA-S is a second year student in the Class of 2013 at Western Michigan University PA Studies Program.*



## WHO AM I?

- I'm a genetic condition giving rise to benign and malignant tumors
- S/Sx: Headaches, balance and walking problems, dizziness, weak limbs, HTN
- Genetic level hypoxia leads to gene mutation
- No treatment, but recognition and treating specific manifestations improves QOL
- Speculated that a descendent of the McCoy family had this disease, which helped spur the Hatfield-McCoy feud

(answer in next 'MichiganPA')

(previous Q<sub>3</sub> answer: Kawasaki Disease)



# Understanding the Incretin Effect and the Emerging Newer Treatment Options for Type 2 Diabetes Mellitus in the Primary Care Setting

By R. David Doan III, MS, PA-C

## Introduction

Medicine has a better understanding of Type 2 Diabetes Mellitus (T2DM) which has grown from advanced research and this understanding has rapidly expanded over the past decade, leading to many new advances in diabetic care. For many years, medical training taught that T2DM pathophysiology consisted of hyperglycemia brought on by insulin resistance in both the liver & muscle and beta cell dysfunction; called the Triumvirate in the late 1980s by Dr. DeFronzo- a renowned diabetic researcher. Treatment of T2DM for the past several decades has included lifestyle modifications (diet, exercise and weight loss) and many familiar oral medications such as Metformin, TZDs (Pioglitazone, Rosiglitazone) and sulfonylureas (glimepiride, glipizide, glyburide); and “not-so-commonly-used” oral medications like colesavelam, meglitinide analogs (repaglinide and nateglinide), and alpha-glucosidase inhibitors (like acarbose & miglitol). Insulin (long or short acting) has also been used to treat T2DM and often is used later in treatment regimens, despite evidence that earlier use may be more advantageous (5). Today, further research and findings has lead Dr. DeFronzo to coin the term “The Ominous Octet” to describe T2DM. In addition to the insulin resistance in the liver & muscle and the beta cell dysfunction, the Ominous Octet also includes increased lipolysis, decreased incretin effect, increased

glucagon secretion by islet alpha cells, increased glucose reabsorption by the kidneys, and neurotransmitter dysfunction by the brain(2).

Many of the recent treatment advances have targeted the incretin effect. Research has learned that there is a potentiation of insulin secretion in the gut that may be responsible for 50-70% of insulin response to meals. This physiologic activity has been coined the incretin effect. The word incretin originates from the ‘INtestinal seCREtion of INSulin.’ Further research has narrowed down two hormones, gastric inhibitory polypeptide (GIP) and glucagon-like peptide-1 (GLP-1), as the most important hormones for the incretin effect(9). GLP-1 is made in the L-cells that are found in the distal small bowel and colon. GLP-1 actions include stimulation of glucose-induced insulin secretion, glucagon secretion inhibition (in a glucose-dependent manner), appetite suppression and delayed gastric emptying. GLP-1 has been shown to regulate glucose homeostasis, enhance satiety and control body weight with inhibiting food intake. GIP is secreted in the duodenal and proximal jejunal K-Cells. It then stimulates insulin biosynthesis and secretion (also in a glucose-dependent manner).



Both GIP and GLP-1 is then rapidly metabolized by the enzyme DPP-4 and are made into inactive metabolites. This action decreases the availability of both GLP-1 and GIP to act on the body.

GIP appears to be secreted normally among T2DM patients, but its effect on insulin is significantly impaired. GLP-1 has a decreased secretion among T2DM patients, but the hormone's insulinotropic & glucagon-suppressive actions are still intact. Because GLP-1 effects are not blunted in T2DM, it is an attractive target for pharmacologic advances (6, 9).

## DPP-4 inhibitors

DPP-4 inhibitors block DPP-4 activity and subsequently prevent GLP-1 metabolism, leading to an increase in free levels of GLP-1 and subsequent reduced appetite and slow gastric emptying. Because the subsequent GLP-1 increase is glucose dependent, there is no hypoglycemia associated with DPP-4 inhibitors. This class of medication is given orally and has been

reported to cause a 0.5-1% reduction in HbA1c (6) and is excreted by the liver (specifically, the CYP450). Based on a systemic review of over 70 randomized trials comparing DPP-4 inhibitors against placebo or active drugs for 24 weeks or more in over 41,000 patients with T2DM, the DPP-4 inhibitors appear to be associated with a reduced risk of major cardiovascular events, myocardial infarction and mortality with T2DM patients. With regards to adverse effects when used with sulfonylurea's, there may be an increased incidence of hypoglycemia. There have been close to 90 cases reported of pancreatitis, but the impact of incidence of pancreatitis may be loosely associated with the drug class as the evidence is reported as lacking direct evidence(5).

There are currently three DPP-4 inhibitors available on the market- sitagliptin (Januvia), saxagliptin (Onglyza), and linagliptin (Tradjenta), and four that are combined with another glucose-lowering agent; sitagliptin/metformin (Janumet & Janumet XR), saxagliptin/metformin (Kombiglyze XR), & linagliptin/metformin (Jentadueto). Vildagliptin (Galvus) is currently approved for use in Europe & Australia (5). As of January 25, 2013, a new group of DPP-4 inhibitors were approved by the FDA- alogliptin (Nesina), alogliptin/metformin (Kazano), & alogliptin/pioglitazone (Oseni). This new drug appears to be approved for monotherapy, after diet and exercise has failed (5).

## GLP-1 receptor agonists

GLP-1 receptor agonists mimic the effects of GLP-1 and subsequently inhibit glucagon and stimulate insulin secretion in a glucose-dependent manner, they also reduce appetite

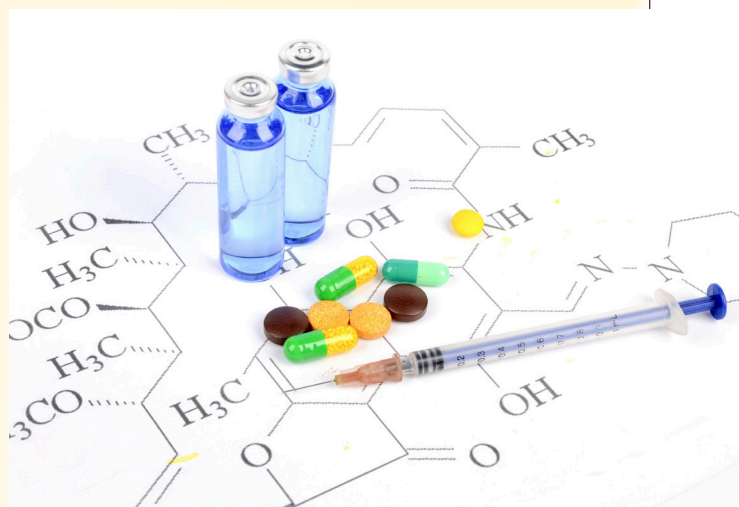
and gastric emptying; these GLP-1 receptor agonists are administered via subcutaneous injection. The appeal to using GLP-1 receptor agonists is that you not only get effective glycemic control, but there is often weight loss associated with the use of this drug class. The most common adverse event related to this class is nausea, which is more apparent in the older agents of the class (Byetta and to a lesser degree, Victoza) than in the newer agents (Bydureon). Reduction in the HbA1c across this class of drugs is roughly one percent (6), but varies drastically with lifestyle modification.

There are some cautions with the GLP-1 receptor agonists. Renal failure and acute pancreatitis have been reported with exenatide, so avoidance is advised when Creatinine Clearance is <30 mL/min. Although never reported in human subjects, liraglutide has caused thyroid C-cell tumors in animals, so all GLP-1 receptor agonists are contraindicated in patients with personal or family history of medullary thyroid carcinoma or multiple endocrine neoplasia syndrome type 2 (MEN 2). The class is pregnancy Category C (5).

Currently, there are two GLP-1 receptor agonists available on the market; exenatide and liraglutide. Exenatide comes in two forms, Byetta and Bydureon. Byetta, twice daily exenatide, came first and must be given before meals at least twice daily. It is administered in a pen delivery system. Bydureon, once weekly exenatide, is the newest to be released and has been available to patients for approximately a year. It is given once weekly and does not have to be taken in accordance to a

meal. Unlike Byetta, it does not come in a pen delivery system. Bydureon is given in a kit with a syringe and vial that needs to be mixed, but a pen delivery system is in the near future. Liraglutide (Victoza), comes in a pen delivery system like Byetta, but is only administered once daily and does not need to be taken with a meal.

There are several new GLP-1 receptor agonists being developed such as albiglutide, lixisenatide and taspoglutide. Also in the works are pens with GLP-1 receptor agonists



and basal insulin combined in a single shot. Updates from Sanofi & Zealand Pharma indicate they are working on a novel pen device that will allow simultaneous injection of Lantus and Lyxumia (a once daily GLP-1) with trials starting early 2013. Also similar news has been reported that Novo Nordisk has been working and starting trials on a pen with Victoza and degludec (their latest basal insulin) and look for FDA approval by the end of 2013(3).

## Discussion

It is important to take note that recent changes to treatment guidelines have reflected that the incretin-based therapies (such as DPP-4s and GLP-1

## Understanding the Incretin Effect *continued from page 9*

agonists) have become fundamental treatment options for T2DM, in a patient-centered approach. Both updated guidelines (American Diabetes Association/European Association for the Study of Diabetes, & American Association of Clinical Endocrinologists/American College of Endocrinology) have given GLP-1 agonists a higher status. Both options have pros and cons and ultimately, the decision to use either will rest on the joint decision of the clinician and patient. Both options offer a low risk for hypoglycemia and improvements to blood pressure & lipids (8). Delivery of the medication can often play a role and there may be some reservation on the part of patients using an injectable medication, making a DPP-4 inhibitor more appealing. This can be overcome by simply educating the patient and by teaching the patient using demonstration pens. GLP-1 agonists hold the upper hand because they have shown better clinical evidence of glycemic control, with weight loss in most patients (8).

The development of new incretin-based therapies and upcoming combinations with insulin, the already changing landscape of T2DM treatment options is getting more and more confusing. It is imperative that clinicians continue to be up to date on changing treatment guidelines and therapies to provide the best possible care for patients. The evidence has pointed to a multi-front attack on the pathophysiology of T2DM, with many new and useful therapies available as tools to conduct such an attack. Incretin-based therapies are quickly becoming a mainstay in T2DM therapy and should be considered in every clinician's medication go-to list. **PA**

**R. David Doan III, MS, PA-C** is a practicing physician assistant at ProMed Family Practice in Portage & Richland, MI. He also teaches Evidence-Based Medicine at WMU-PAS Program and serves as the Region 4 Representative for MAPA.

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Quote:

*"Good actions give strength to ourselves and inspire good actions in others."*

Plato  
428 - 348 BC  
Classic Greek Philosopher, Mathematician



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# University of Detroit Mercy Physician Assistant Program

Fall 2012 Updates

University of Detroit Mercy's Physician Assistant Class of 2014 started off the didactic year by electing new William Beaumont Society (WBS) class officers. Under the leadership of President Christina Hopps and Vice President Lindsay Dyer, it has been a busy and successful Fall 2012 semester!

Our class celebrated PA Week in October by holding a school-wide clothing drive for St. Dominic Outreach Center, which maintains a Clothing Closet that provides local Detroit families the ability to receive new and gently used clothing. It was a huge success, with over a dozen 13-gallon bags of clothing collected. The class also came together during PA Week to host a potluck lunch, where students enjoyed socializing as a group and taking a break from studying. This much-needed relaxation was a huge hit, and was repeated with a class pizza party the next month.

A majority of the 2014 class attended the Michigan Academy of Physician Assistant's Fall CME conference. The attendees had a great time learning from the fantastic lecturers, networking at social events, and facing off in the friendly Quiz Bowl competition versus the other Michigan PA Programs. During Halloween, WBS participated in Safety Street, an annual school-wide event that provides local children an opportunity to trick-or-treat on campus in a safe, supervised environment. We collected over 20 bags of candy, which were given out from a festively decorated cardboard façade "house". It was a great event that the local community always appreciates!



In recognition of the December holidays, class members collected canned food items and money to donate to Gleaner's Food Bank to help the organization achieve their goal of feeding 600,000 local hungry individuals. We also adopted two local families who would have otherwise been unable to provide Christmas presents for their children. In addition to gifting every item that the children had on their wish-lists for Santa, we collected enough money to provide each set of parents with a Meijer gift card and delivered the gifts (without the children's knowledge) with a hot meal!

In the upcoming year, WBS plans to continue Jean's Day fundraisers, which involve students paying \$5 to wear jeans on a day that would otherwise have a business dress code. This semester, the fundraiser supported Save the Children's efforts to provide safe play areas in shelters for children displaced by Hurricane Sandy. Next semester, we are looking forward to providing healthcare for children in Ghana, where \$5 will cover a child's healthcare needs for an entire calendar year. Additional plans for the winter and spring include hosting a bone marrow registration drive, lunchtime lectures on healthcare disparities that affect various ethnicities and issues specific to the LGBT community, and forming a team to participate in the Susan G. Komen Race for the Cure.



# SPRING

## 2013 CME Conference

Friday, March 22 - Saturday, March 23, 2013

Schoolcraft College  
Livonia, MI

The time is drawing near- the **2013 MAPA Spring CME Conference** will take place in a couple of days. This expanded conference is shaping up to showcase prominent national and local speakers. The topics being presented are sure to benefit you professionally in your practice; office staff will also gain insight as how to get the most from your practice.

- Don't be late, register today and gain useful information that will benefit you and your practice.
- Breakfast and Lunch are included in the registration fee.
- Friday afternoon, MAPA will host an attendee reception and participants will have the opportunity to donate to PAMPAC.

### The Speakers:

#### **Tricia Marriott, PA-C**

AAPA Director, Reimbursement  
Advocacy

#### **Ray Beckering, AUSA**

Asst. U.S. Attorney-Western District  
of MI

#### **Marc Moote, PA-C**

Chief Physician Assistant- Univ.  
of Michigan

#### **John F. Bishop, PA-C**

Nationally recognized professional  
coder

### The Topics:

Medicare Preventative Services,  
Common EHR Documentation  
Errors,  
Fraud Schemes,  
ICD-10,  
Reimbursement,  
Disability Income,  
Medicare Audits,  
Public Health Code

### The Facts:

Date - March 22-23 (Fri. & Sat.)  
Site - Schoolcraft College Livonia, MI  
Registration and Information, go to:  
[www.michiganpa.org](http://www.michiganpa.org)

Cat. I CME Credits approved - 10



### RON L. NELSON AWARD OF ACHIEVEMENT

Five years ago, then MAPA President John McGinnity, took us “Back to Our Roots” with a panel discussion on how the PA profession began in Michigan. Since 1976, physician assistants have been licensed to practice medicine in Michigan and during that time we have all met exceptional, inspiring PAs, physicians and leaders who are strong advocates for the team approach to medicine and the PA profession. Over the last few years, many of those individuals who shepherded the PA profession have passed away and because of the efforts of John McGinnity to shed light on these individuals by bringing us “Back to Our Roots”, the Michigan Academy of Physician Assistants realizes the need to recognize those amazing individuals

for their efforts and WE NEED YOUR HELP TO DO IT. Therefore, the MAPA Board of Directors has developed a prestigious award called ‘The Ron L. Nelson Award of Achievement.’

#### The AWARD

- Will be presented in recognition of an individual that demonstrates exemplary service to the PA profession, the community and furthers the image of physician assistants
- Honors an individual that has had a broad and significant impact on the PA profession in Michigan
- Does not require nominees to be PAs or MAPA members

#### The PROCESS

The Ron L. Nelson Award of Achievement Work Group administers the Ron L. Nelson Award of Achievement. Any Fellow, Affiliate, Honorary or Student Member may submit a nomination to the Work Group. Nomination Materials will include the following:

- A written rationale detailing why the nominee is deserving of the Award
- One sentence summarizing the nominee’s overall accomplishments or achievements
- A completed nomination form

The Award will be presented at the Member’s Banquet at the MAPA Fall CME Conference and the recipient will have the opportunity to make acceptance remarks.

#### The CRITERIA

The Ron L. Nelson Award of Achievement Work Group will consider the following criteria when reviewing applications:

- Is the nominee well recognized by members of the PA profession and others?
- Has the nominee demonstrated a commitment to furthering the PA profession in Michigan?
- How has the nominee advocated for the PA profession?
- How has the nominee served or improved service to patients and the community?

#### SUBMISSION

- Please complete the nomination form online at [www.michiganpa.org](http://www.michiganpa.org). The deadline for submissions is September 15, 2013
- You can also scan letters of recommendation, newspaper clippings, magazine articles and other relevant support and mail them to [mapa@michiganpa.org](mailto:mapa@michiganpa.org). Please place ATTN: RON L. NELSON WORK GROUP in the subject line.
- If you have any questions please do not hesitate to contact MAPA’s Academy Administrator at [mapa@michiganpa.org](mailto:mapa@michiganpa.org).

We look forward to recognizing these special individuals for their efforts of supporting the PA profession in Michigan and can’t wait for your nominations!

Sincerely,  
Brian M. Gallagher, MSPA, PA-C  
MAPA’s Immediate Past-President



# Call for Candidates

## To the 2013-2014 MAPA Board of Directors

Are you interested in becoming involved in PA leadership? If so, **MAPA Wants You!** 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 12, 2013**. This information can be submitted in the form of a cover letter with resume' and will be distributed electronically to the voting MAPA members along with the ballot.

A candidate for the office of 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 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 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, delegates and alternates to the 2014 AAPA House of Delegates (HOD). All candidates for MAPA Chief Delegate/ delegate/alternate 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. All candidates for MAPA delegate to the AAPA HOD shall have served one term as an alternate delegate with the Michigan delegation. The term for delegates/alternates from Michigan to the AAPA House of Delegates shall be one year and begins on July 15<sup>th</sup> of the year of election. Delegates and alternates 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 12, 2013.** New nominations criteria are available on MAPA's website for review.

E-mail your completed submissions to:

[apowell@managedbyamr.com](mailto:apowell@managedbyamr.com)  
or mail paperwork to:  
MAPA  
C/o Academy Administrator  
1390 Eisenhower Place  
Ann Arbor, MI 48108

# Ten Costly Career Mistakes All PAs Can Make

By: Marcos A. Vargas, MHSA, PA-C

**W**e all know someone who appeared destined to a great career after PA school, yet into many instances that was not the case in the end.

Tragically, many PAs sabotage themselves to one degree or another by engaging in self-defeating behaviors. These ten irrational behavioral career-related mistakes presented herein, not only are costly, but very detrimental to career longevity and satisfaction. These pitfalls are presented here to increase your awareness and help you avoid these mistakes, giving you greater control of your career path by ridding yourself of the negative consequences related to them. Therefore, as a shrewd career strategist, avoidance of these ten mistakes will yield a rewarding and fruitful career.



## Mistake # 1: Not Safeguarding Work Reputations-

**I**t is amazing how many PAs attitudes or perceptions of their work ethic are contrary to what they believe of themselves. There are those who act and behave arrogantly- as if they were “blue bloods” even when their clinical credibility or work ethic is or has been constantly questioned, due to being sub-par in the eyes of former peers, employers, supervisors or managing attending physicians.

Sadly enough many PAs forget that one’s reputation often precedes resumes and cover letters. Particularly in medicine, when job seekers apply for positions they immediately are placed under the microscope and will always be judged. So safeguard your hard-earned or impeccable work ethic reputation, because reputation—in many cases-- is everything, it’s your passport in the eyes of an employer.

## Mistake # 2: Resigning Acrimoniously-

**L**eaving or resigning in bad terms does 2 things: it can cast a bad shadow on your name and leave a bad taste in your ex-employer’s mouth. Resist playing the victor/victim game or who was right or wrong in the working relationship, regardless of how stressful or incompatible the work was. It’s never good to leave with a grudge or on a bad note.

Tragically enough, not many utilize a cordial exit strategy, and to their chagrin, later find out that they have “burned” any chance of returning; if the opportunity would present itself at a later time. Especially, if the manager or supervisor or difficult physician has moved on or been replaced. Some work environments can improve & become better suited the second time around if there have been positive organizational changes. Always be the professional that you are, ‘don’t bite the hand that fed you’ as the old saying goes.

## Mistake # 3: Failure of Continually Update the Resume/CV-

**I**magine your children becoming adults without any pictures of themselves growing up. Certainly difficult to comprehend such parental laziness, but more so, the lack of intimate parental involvement in these especial moments of their lives. Not updating a resume at least twice yearly is akin to that very same mentality. If not recorded, your recollection of accomplishments or achievements will be faded, thus decreasing your marketability, not to mention creditability and possibly restricting career advancement in some instances.

## Mistake # 4: Too Slow to Resign-

**E**arly recognition of a strained or toxic working relationship and/or unfit environment is of paramount importance. Failing to recognize or see the telltale signs of a hopeless situation can become costly in the long run too. Do not become a victim of “paralysis analysis”...move on before you become a statistical job market casualty. Not doing so can be more detrimental to your career progression and/or development as many have come to find out. You are always in control...or at the very least, have the final word in these matters.

## Mistake # 5: Constantly Seeking “Greener Pastures”-

**N**othing can be more detrimental to a PA career than unconscious greediness. Like the substance dependent patient—always needing one more “hit”. These individuals are constantly job hopping or hunting without developing roots in one place or community. Why? Because they program themselves thinking there’s always something better on the other side. While that may be true in some instances, they can deprive themselves of developing, growing or becoming pillars in the community. They fail to grow and enrich both themselves and the working relationship they are involved with. Building a rapport with colleagues and physicians can lead to greener pastures.

*continued on page 16*

# Ten Costly Career Mistakes continued from page 15

## Mistake # 6: Unfocused (Goal-less)-

Undefined career goals are like embarking on a trip without planning or without a navigation system. A specific career path must be designed with short and long term goals. Plus, these goals must be realistic and attainable milestones as well; you don't want to set timid or too lofty goals either.

You're responsible for planning and managing your own career. Your professional destination and success is dependent on you. You must know thyself in and out and what is your career goals that you wish to attain.

## Mistake # 7: Being Too Trusting-

The costliest of all mistakes is this one: believing in unwritten promises. Accepting employment offers under this condition is tantamount to jumping without a safety net—the contract. Or at the very least a "Letter of Agreement". Again, do not leave these decisions to chance, as too many do and don't rely on gut feeling or memory alone—*inquire, probe and always get it in writing!!!*



## Mistake # 8: Being Disenfranchised-

As professionals, PAs can be the best patient advocates. However, we have not been at times the best advocates for our own causes. You must partake of the group professional political involvement. Whether at the state level or national level, your talents and skills can enrich your profession and in turn, enrich yours as well. When everyone advocates together, accomplishments mount; there's always increased

synergy and recognition in numbers. Don't stand idle on the sideline or throw in the towel sort-of-speak, become a "player" yourself through networking while becoming a professional activist in your own development.

## Mistake # 9: Being One Dimensional-

Underachievers are easily satisfied and don't feel the need to seek new learning experiences, nor do they care to improve, develop & acquire or refine a set of skills. These individuals fail to acquire industry-related skills via mentoring, public speaking, teaching or lecturing opportunities. In other words, they are mostly passionless about their professional development. Failing or denying themselves the career-grooming opportunities and/or experiences that would assist them in moving themselves up the ladder, or in some case to the next phase. They throw their marketability chances away. Sadly enough, these unmotivated individuals fail to gain career recognition & satisfaction in their personal and professional lives due to the lack of involvement or absence of political activism in their psyche.

## Mistake # 10: Failure to Secure Supportive letters of reference-

By far the most easily overlooked & easily to avoid pitfall is securing good letters of reference. You must ensure that your would-be endorsers are aware of your strengths, weaknesses, and/or career desires, etc. But that they are also willing to endorse your name, not only unconditionally but promptly as well. Hopefully, you have invested and cultivated the relationship before requesting these professional favors.

The successful PA career is forged in PA school, but is largely determined by other post PA-school factors that you must diligently bring to the equation; if you're to continue on the success pathway. Making acquaintances or professional relationships with other PAs, physicians or administrative personnel will help keep you on the success path and help support your career goals. *It PAYS* to sidestep these career blunders!

**Marcos A Vargas, MSHA, PA-C** is a physician assistant in Orthopedic services at Hurley Medical Center. He is also MAPA's Region V Representative and has an extensive work experience and has been retained by legal firms for an expert opinion and consulting reviews.

# Gluten: What is it, Where is it and Why does it matter?

Gluten is the nitrogenous (protein) substance that remains when grains are washed to remove starch. Although there are many benefits to gluten in foods, it may be helpful to think of gluten as a glue-like substance that helps to hold foods together and give products a chewy texture. Gluten is found in grains such as barley, rye, wheat and triticale, which is a blend of wheat and rye. In people who have Celiac disease (Celiac Sprue), the intestines become inflamed, resulting in abdominal pain, bloating, diarrhea, decreased appetite and weight loss; ultimately causing difficulty with nutrient absorption because they cannot process gluten effectively. Simple blood tests can confirm the presence of celiac disease by detecting specific antigens, namely anti-tissue transglutaminase antibodies (tTGA) or anti-endomysium antibodies (EMA) that are present. Upper endoscopy may also be performed to obtain a biopsy, which should reflect villous changes. Although celiac disease is not curable, it is treatable. By avoiding gluten containing foods, the intestinal villi should return to normal, thus resolving symptoms. Repeat upper endoscopy and biopsies should reflect normal villi.



Celiac disease, once thought to be quite rare, is estimated to affect approximately 1% of Americans, or nearly 3 million people in the United States (interestingly, Alzheimer's disease affects approximately 2 million people). It is believed that 90% to 95% remain undiagnosed. Symptoms of Celiac disease vary widely, can occur at any age, may be mild to severe, and mimic symptoms of many food allergies; as well as other conditions- including irritable bowel syndrome, lactose intolerance, fibromyalgia, chronic fatigue syndrome and ulcers. Symptoms for any of these conditions may include bloating, gas, diarrhea or constipation (or both), weight loss and poor growth (small children may develop failure-to-thrive syndrome), extreme abdominal pain with eating, mouth ulcers, skin rash, extreme fatigue, irritability, bone and joint pain, as well as other symptoms. With so many common symptoms, it is easy to see why the diagnosis of Celiac disease can be difficult or challenging.

Could there be a subclinical sensitivity to gluten that isn't identified by traditional testing? There are growing numbers of people who feel this is the case. I know of people who have tested negative for Celiac disease, yet once eliminating gluten from their diet, find their gastrointestinal complaints resolved. Are there other concerns that need to be addressed? The answer is yes. Individuals who follow a gluten free diet should be monitored



for nutritional deficiencies, as grain products are typically fortified with iron, riboflavin, thiamine and niacin (B-vitamins) in contrast to the gluten-free products which are not fortified. Additionally, consuming enough fiber becomes a concern. The current recommended daily allowance (RDA) for fiber is 20-35 gm/day. Most of us are able to achieve enough fiber by eating fruits, vegetables and whole-grain breads/cereals. You savvy readers may have noticed I said "achieved". Sadly, the average American does NOT eat enough fiber, simply because of their poor food selections. For those individuals who need to avoid whole-grains, which contain gluten, it becomes a bit of a challenge. Encouraging well-balanced food selections (refer to the article on the food plate from the MAPA newsletter 'MichiganPA', Dec 2012), coupled with high fiber foods that don't contain gluten like berries, nuts, beans, flax or chia seeds and high fiber gluten free cereals, will help the gluten free diet reach the daily RDA for fiber.

Are there diets out there that might make a gluten-free regimen easier to follow? The answer is yes. Much

# Gluten continued from page 17

attention has been given to the Paleo diet, which encourages eating more like a caveman. In simple terms, it means focusing on meat/seafood, fruits, vegetables, seeds and nuts – items that could have easily been

gathered or hunted. Patients can also go to the celiac websites that traditionally contain recipes or search the internet for gluten-free recipes. The bottom line is that the gluten-free diet is healthy as long as wise

nutritional choices are made.

*Lisa Marie Boucher, MS, PA-C, RD is a physician assistant in cardiothoracic surgery at HFH-Wyandotte. She is also a registered dietitian with over 20 years experience.*

Resources: There are many books, websites and support groups. Here are just a couple:

Shelly Case, RD is recognized as a leading expert in Celiac disease. Shelley offers newsletters, free downloads and lists resources. Her book, *Gluten Free Diet* (Case Nutrition Consulting Inc., Revised and Expanded Edition, 2008) is still available.

Carol Fenster, PhD, *Gluten-Free Quick and Easy* (Avery, 2007)

Carol Fenster, *1000 Gluten-Free Recipes* (Wiley, 2008)

Carol Fenster, *Gluten-Free 101* (Savory Palate, 2006)

## MAPA Fall 2013

**Grand Traverse Resort & Spa  
October 10-13, 2013**

# Join Us!

# Prism Submission

By Cynthia A. Hutchinson, PA, Clinical Coordinator and Faculty Specialist at WMU

In the 2011-2012 academic year, three WMU physician assistant students applied for competitive clinical rotations across the country and were awarded the opportunity to complete those rotations in their second year of training. Rotation awards are based on program grade point average, prior accomplishments, community service and personal statements.



**Megan Hass** completed a four-week cardiology rotation in December of 2012 at the Cleveland Clinic Foundation in Cleveland, Ohio- the top-ranked hospital for cardiology in the nation. She was able to gain knowledge and experience in the areas of adult congenital heart disease, cardiac electrophysiology, ventricular assist devices and cutting-edge cardiac surgeries such as transcatheter aortic valve replacements.



**Dan Ebenhoeh** started the new year in Houston, Texas- where he completed a four week rotation in radiation oncology at the University of Texas MD Anderson Cancer Center (MDACC). MDACC is one of the world leaders in cancer care and Dan had the opportunity to practice with the Head and Neck Radiation Team. He was able to take advantage of multiple opportunities including learning about the next generation of radiation treatment: proton beam therapy.



**Cristy Burghardt** also completed a four week rotation in January of 2013 at Mayo Clinic in Phoenix as a member of the Transplant Team. While at the facility she assisted in transplant procurement, candidate evaluations, liver transplantation, kidney transplantation and various related procedures. She found transplant medicine to be predictably unpredictable. Congratulations to all three students who earned highly coveted training spots for physician assistant students.

## PLANNER

### MAPA'S Spring CME Conference

**DATE:** Friday/Saturday- March 22-23, 2013  
**SITE:** VisTaTech Center- Livonia, MI  
**FEE:** On-line registration coming soon  
**INFO:** [www.michiganpa.org](http://www.michiganpa.org) or call 1-877-YES-MAPA

### IMPACT '13 AAPA's National PA Conference

**DATE:** May 25-29, 2013  
**SITE:** Washington, D.C.  
**FEE:** On-line registration available  
**INFO:** [www.aapa.org](http://www.aapa.org)

## EVENTS / SEMINARS / CLASSES / CONFERENCES

### MAPA'S Fall CME Conference

**DATE:** October 10-13, 2013  
**SITE:** Grand Traverse Resort & Spa, Acme, MI  
**FEE:** Registration will open in July  
**INFO:** [www.michiganpa.org](http://www.michiganpa.org) or call 1-877-YES-MAPA

### MAPA's Future Fall CME Conferences

**2014** Grand Traverse Resort & Spa (Oct. 9-12)  
**2015** Grand Traverse Resort & Spa (Oct. 8-11)  
**2016** Grand Traverse Resort & Spa (Oct. 13-16)  
**2017** Amway Grand, Grand Rapids (Oct. 5-8)

# PA's ARE CALLED TO ACTION ON MAY 22, 2013

The Michigan Academy of Physician Assistants and the PA programs of Michigan are calling every PA in Michigan to ACTION and attend **LEGISLATIVE DAY 2013!**

We have a brand-new state legislature elected that is unfamiliar with the PA profession and the care that the 3,627 licensed PAs in Michigan provide. The opening of the Public Health Code and Mental Health Code pose numerous opportunities for our profession and others to impact the health care system in Michigan. We CANNOT afford to miss this opportunity to educate OUR state Senators and Representatives on the PA profession and how WE ARE A SOLUTION for the health care crisis.

EVERY PA is requested to come to the Radisson Hotel in Lansing on **May 22, 2013** and advocate for the PA profession and OUR ability to practice medicine. It is vital to have as many PAs present as possible. We are applying for 4 hours of Category I CME credit and it is **FREE** FOR ALL MAPA MEMBERS. Registration and preliminary agenda are available online at [www.michiganpa.org](http://www.michiganpa.org) and tell a colleague!

