

March 2015



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MAPA

2015 Spring CME Conference

March 20-21, 2015
The Baronette
Renaissance Hotel
Novi, MI

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Spring CME Conference!

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PA

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Professional **PA**ssion:

Elevating the PA profession in MI by finding your passion!

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

Are you a passionate individual? What is passion? How is it measured? Basically passion is a compelling enthusiasm and a driven conviction. A good example of a passionate individual would be that “super fan” of any given team. You know the one I am writing about. The fan that always wears gear representing his or her favorite team. The one that knows more about the team’s roster and the latest news on the team than the beat writers following them. The one that adorns their home with memorabilia and goes so far as to choose the team colors for the colors of the house/rooms. The fan that seems to only talk about the team and nothing else. With full disclosure, I am that fan. I bleed Brown and Gold for my WMU Broncos. I’ll admit it!

But I am also a passionate person toward my profession. Depending on who you ask, most would say that as passionate as I am toward my Broncos (Row the boat!), I am just as professionally passionate about our profession! Passion is what made this profession great. It’s what sustains our vision & makes Physician Assistants great. A passionate PA will work harder on improving his/her skillset, dig deeper into researching treatment options, become better listeners for their patients: all things we strive to be as PAs. I know many of you are as passionate about your jobs as I am about mine.

I also know that many of you, myself included at times, will find days when our passion dwindles. This can be due to a myriad of reasons: a hectic schedule, demanding patients, taxing long hours, and the ever increasing regulatory demands imposed in our jobs. I will attest, it can drag your spirits down and erode your passion for the job you so feverishly fought to attain in PA school. Thus this passion needs to be rekindled often. Our future as professional

caregivers not only rests on our passion for the profession, but our collective commitment. If we become complacent, and no longer push for the betterment of our profession, then our profession as we know it will fail to thrive; without a doubt we will regress and cease to be the highly after-sought accomplished professionals we have become to be known for.

Reflections

Looking back at the history of the PA profession, one will find the passion of those who fought to bring PAs into existence very palpable. From our profession founders at Duke University, to our local PA champions in Michigan who fought to enact new legislation in the 1970’s to allow us to practice medicine in Michigan, passion has been the cornerstone to our professional advancement. Professional passion became embodied in the fall of 1974 when PAs such as Bill Klerk, Dick Lane, Jack Kircher, Greg Terpstra & Mike Davis formed the Michigan Academy of Physician Assistants to fight against proposed unfavorable legislation regarding PAs. Time and again, by the passion of PAs through grass-root efforts in Michigan, laws were passed to improve the ability of PAs to practice in Michigan. Our passion for the profession has led to many favorable changes in the laws in Michigan overseeing the practice and regulation of PAs, making Michigan one of the best PA-friendly states to practice in the country.

"Passion is what made this profession (PA) great"



Present State of Affairs

Fortunately & currently, we have such passionate Physician Assistants volunteering their time on MAPA's board of directors and many committees. They are working *"PAs who are working for you in MAPA are a passionate bunch."* endlessly to protect and enhance the profession for PAs working in Michigan. As a board member for the past seven years, I can say with firsthand experience that the PAs who are working for you in MAPA are a passionate bunch. Many have served their fellow MI PAs in several roles through MAPA. It is not uncommon to see board members rise in the ranks to take on bigger, more time consuming roles on the board. Also, most board members sit on numerous committees as well. They are often the first-line defenders when state legislators propose unfavorable legislation. Like the founders 40 years ago, the PAs on MAPA's board and committees take their passion to Lansing to defend our ability to practice. I am proud and honored to be able to work with them and to call them colleagues. These volunteers that call in to monthly phone conference board meetings and participate in countless committee phone conferences and field countless emails are obviously passionate, or they wouldn't be placing so much effort into what they do. Unfortunately, in the seven years I have been on the board, I have noticed that there has been a very slow trickle of new enthusiastic PAs stepping in to fill the voids left by preceding volunteer members who have either retired, moved or simply run out of gas to continue being a self-advocate. We need more passionate PAs to take that leap of faith and step into leadership roles.

We need more passionate PAs to volunteer some of their time and loan us their passion so that we can take what our current leadership has accomplished and continue with improving and protecting our profession through this changing health care environment.

Looming Threats

In Michigan, we are facing some big battles on the horizon. Unbeknownst to many PAs, our profession is constantly facing opposition. These are often in regards to law interpretation. I know most of you have had a run-in with this in practice in regards with confusion on signature requirements, ordering PT, and/or reimbursement issues, and other issues related to threats to our scope of practices. Our current threats we are facing now are related to Nurse Practitioner independence and the subsequent ramifications if such a bill is passed. As many of you may know, the Nurse Practitioners in Michigan have proposed legislation that would allow for independence from supervision. The bill passed in the Senate last year, and has been struggling in The House Committee. As practicing PAs, why should we worry about NP independence? The ramifications of NP independence could be catastrophic to us. By passing this bill, it would invite re-interpretation of PA scope of practice and supervision. Many of the progressive laws that were passed to better our profession in the past could be altered to fit a new scope of practice and supervision. Many PAs fear such change could jeopardize our practicing abilities.



Continued on page 5

A Call to Action

The Physician Assistant profession needs your passion NOW. We are working in a changing landscape in healthcare. What story will the history books tell with regards to healthcare in Michigan? Will the PA profession take a step back and become less relevant, or will we continue to be recognized as key stakeholders in the healthcare team? Our level of professional passion or apathy will define us. As it looks now, we are sorely lacking. We may have passionate PAs in Michigan, sadly our numbers don't reflect this. As of May 2014, there were 4,038 licensed Physician Assistants in the state of Michigan. Only 862 of them supported MAPA with their membership. MAPA is the ONLY organization fighting for PAs in the state of Michigan. AAPA, the national organization, doesn't participate in state affairs. You would think there must be more than 862 PAs in Michigan that are passionate about their profession. It is embarrassing to submit pro-PA legislative acts to our legislators or policy makers when only 21% of PAs in Michigan support MAPA.

Without robust membership numbers we appear weak, scattered and worse yet, a non-focused "divided house". This doesn't serve our profession nor your livelihood. Obviously, we need your passion. We need your enthusiasm. We need volunteers. In other words, we need you to step up to the plate and help in the fight to protect and promote our profession to the next level. Help us make history. You don't have to commit to a board position. You don't even have to sign up for a committee or do anything else. All we ask is for your support with membership and with word of mouth if that suits you at this juncture in your career.

"MAPA is the ONLY organization fighting for PAs in the state of Michigan."

Part of your membership dues go toward lobbying for our profession and with greater numbers of members, we are more attractive to legislators. There is power in large numbers. After you sign up for MAPA, if you don't feel like participating in committees or on the board, that's okay. We only ask that you continue to be passionate about our profession. Defend our profession when others are misinformed. Educate patients, providers and coworkers as to who we are and what we do. Show your passion for the profession by being a PA student mentor or preceptor. Each PA program in this state are scouring for preceptors.

Be proud of your profession. You're a degreed professional healthcare provider.

Let's not become complacent and let the degree lose value. I am calling you out. If you are a MAPA member and work with PAs that are not members, give them a printed application from the website (www.michiganpa.org) and have them fill it out and give it to the office manager to pay for. We need everyone with the fight ahead. I'm also calling you out to step up and stand up for your profession. As any passionate fan will tell you, you can't give up on your team. I'll keep fighting the fight for MI PAs (and keep Rowing the Boat for my Broncos!) and I hope you will too.

Dave is a practicing PA in a very busy Family Practice office in Portage and Richland, MI. He also teaches part-time for WMU's PA Program and is currently serves his fellow MI PAs as MAPA's Secretary. He has served as the Region 4 Representative and the Communications Committee Chair in the past. He is currently the Interim Membership Committee Chair and is a participant on the CME Committee as well. He can be reached by email at davedoanpac@gmail.com



President's Message

Greetings, I hope you are all staying warm! I can't believe it's already

March; I'm afraid we are never going to thaw out! You continue to be champions for our profession all while caring for the patients of Michigan. I want to assure you that MAPA has been hard at work preparing for upcoming legislative issues, the Spring CME conference and our Strategic Planning Event that will help determine the future direction of MAPA.

One of the most crucial topics MAPA is addressing is the NP independence bill SB 68 that has been introduced by Senator Shirkey this legislative session. Find out more at <http://legislature.mi.gov/doc.aspx?2015-SB-0068>.

I've met with several legislators who report that the NPs are coming on strong. We are actively reaching out to the legislature to educate them about team based health care and collaborative medicine amongst providers. While we at MAPA are knocking on the doors of the health policy committee, I would like to ask you to contact your Michigan

Senator and House of Representatives and continue to educate them about how PA's impact healthcare for the patients of Michigan. WE must advocate for our profession! WE cannot leave it in the hands of other providers or we will be left at a great

"WE must advocate for our profession! WE cannot leave it in the hands of other providers..."

disadvantage. I can tell you from my experience at the Capitol that the legislators want to hear from us since we are in their district taking care of their constituents! We matter and we have been part of the team that

continues to keep patients safe and healthy in Michigan. Please join me in advocating and educating the Michigan legislature in this fight to maintain our strong practice ability!

MAPA has also been planning our Annual Spring CME on March 20th-21st at The Baronette Hotel in Novi and I hope many of you will be attending.

The CME committee has switched up the itinerary because that's what you've asked for. In the past this conference focused more on professional rather than clinical topics but we have added more clinical CME and we are approved for 12 CME credits! Lastly, MAPA has a Strategic Board retreat in April which will help determine the future of MAPA. We will be focused on both the professional and financial stability of MAPA as well as continue to promote and safeguard PA practice in Michigan.

I thank each of you for your continued support of MAPA and our profession and as always we welcome your feedback and look forward to your suggestions!

Sincerely,

Heather Klopp, PA-C

MAPA President



Editor's Corner

By Marcos Vargas, MHS, PA-C
MichiganPA Newsletter Editor



With spring around the corner, it is difficult to imagine what will be on the ground by the time you receive this installment of our newsletter.

Will it be snow? Will it be flowers or will it be both? Hard to say for sure, knowing our unpredictable Michigan weather. But one thing is for sure: whether it is cold, whether it is hot or dry or wet outside, we're here to serve you with the widest selection of topics for your enjoyment.

In this issue of our newsletter, several authors from our president to Dave Doan, PA-C, and Vaughn Begick, PA-C quickly remind us of the importance of remaining passionately & fiscally involved in our collective professional affairs. Likewise, so does Ron Stavale, PA-C in his update explaining the potential Game changer (SB# 68), a potential legislative threat to all Michigan PAs.

We have also included nine must-have professional competencies that we must strive for and maintain if one is to grow and have

a successful career, especially in these ambivalent & turbulent ethical times in which we seem to be surrounded in our broken/ constrained and fragmented industry.

In my brief article, I basically underscore the similarities between two dissimilar events in the career of any PA nowadays: the telephonic interview and a deposition. Moreover, I provide tips to navigate the inherent associated stresses with these activities. These are insightful perspectives gained experientially through the last several years in my career as a clinician & medico-legal consultant.

In closing, please consider sharing your thoughts and opinions of what kind of articles you would like to see printed in our newsletter. More importantly, consider contributing an article, essay, op-ed, or a brief case report. If you have any questions or suggestions, you can reach me by e-mail at maravarpac@hotmail.com or by phone at 810-659-0435.



Donna Hines, PA-C

CME Conferences

By Donna Hines, PA-C and Jeff Collinson, PA-C
MAPA Continuing Education Committee Co-Chairs

Welcome to 2015 and two great opportunities for CME brought to you by the Michigan Academy of Physician Assistants. Chris Noth, MAPA President-elect, has handed his CME responsibilities over to Donna Hines and Jeff Collinson to plan and implement the fantastic CME conferences which we all look forward to each year.

We start this year with the Spring Conference at The Baronette Hotel in Novi, Michigan on Friday, March 20th and Saturday, March 21st. The speakers will address issues on Reimbursement, Smart Charting Tips, Patient-Centered Medical Home Models, Owning a Medical Practice and Personal Injury Protection Insurance Fraud. The clinical topics will cover Outpatient Management of Heart Failure, Stroke Updates for 2015, Palliative and Hospice Care, and Parathyroid Disease and Solitary Pulmonary Nodule Work-up.

The 2015 MAPA Spring CME Conference has been approved for 12 Category 1 CME credits. For members, that works out to a cost of only \$12.50 per CME!

With March 20-21 coming up soon, we encourage you to visit www.michiganpa.org and register TODAY for this excellent opportunity to interact with fellow PA's and earn valuable CME credits.

SEE YOU IN NOVI.

P.S. Keep the Fall Conference dates in mind also – October 8 – 11, 2015 in Traverse City. See you soon!



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.

MAPA

2015 Spring CME Conference

March 20-21, 2015
The Baronette
Renaissance Hotel, Novi, MI

**APPROVED FOR 12
CATEGORY 1 CME CREDITS!**

Registration fees:

\$150 Current MAPA Fellow
member Registration

\$100 Office Personnel (i.e. Office
Managers, Billers, Coders,
Physicians, etc.)

\$250 Non-MAPA members

\$50 MAPA Student members

Register today at

www.michiganpa.org!

AGENDA

Friday, March 20th

7:00AM

Registration Opens

7:00AM–7:55AM

Breakfast

7:55AM–8:00AM

MAPA President – Heather Klopp

Introduction and Welcome

8:00AM–9:00AM

William Chavey, MD

Outpatient Management of Heart Failure

Obj: 1. Understand the importance of distinguishing
preserved from reduced ejection fraction
2. Understand functional assessment of HF patients
3. Understand the appropriate use of medications in
the management of heart failure
4. Understand which patients with HF are appropriate
for device therapy

9:00AM–11:00AM

James Kilmark, PA-C Chairman MAPA Reimbursement
Committee *Reimbursement Fundamentals and Current
Issues for PA's*

Obj: 1. Understand the fundamentals of PA reimbursement
2. Cover third party payer issues in MI affecting Pas
3. Describe recent Medicare and Medicaid
reimbursement issues affecting Pas
4. Describe issues regarding the affordable care act
and it's influences on healthcare and patients

10:00AM–10:20AM

Break

11:20AM–12:10PM

Diana Nordlund, DO, JD, FACEP

Charting Smart – How to Document Like a Pro

Obj: 1. Understand key components of the medical chart
2. Understand how the chart is used as a
legal document
3. Discuss high-risk documentation situations
4. Apply in daily practice to create a better chart

12:10PM–1:10PM

Lunch

* Schedule subject to change

Continued on page 10

Friday, March 20th

- 1:10PM–2:10PM **Scott Johnson**
Technological Advancements with the Patient-Centered Medical Home Model
Obj: 1. Learn core elements of the patient-centered medical home (PCMH) and PCMH-neighborhood model
2. Learn how technology can play a role within the medical home
3. Learn how HIEs and other technologies are connecting the continuum of care
- 2:10PM–3:10PM **Tom Plamondon, PA-C and James Berg**
Owning a Medical Practice
Obj: 1. How to start owning a medical practice
2. Learn the basic business components and strategies success
3. Gain knowledge of a medical practice's growth and maintenance
4. Understand the role of the medical practice owner
- 3:10PM–3:30PM **Break**
- 3:30PM–5:00PM **Dennis Handley, BBA**
Personal Injury Protection Insurance Fraud
Obj: 1. Learn what no-fault insurance is
2. Learn about Personal Injury Protection (PIP) medical benefits
3. Learn about PIP fraud and how it happens
4. Examples of PIP medical fraud
- 5:00PM–5:30PM **Ron Stavale, PA-C, Mike DeGrow and James Kilmark, PA-C**
Critical Legislation Impacting Michigan PAs
Obj: 1. Review the history of legislative changes affecting PAs in Michigan
2. Nurse Practitioner Independence - Will it affect PAs
3. Senate Bill 568 of 2013 - Learn about the major legislative changes offered by Senate Bill 568
4. What does the future hold for PAs in Michigan

* Schedule subject to change

Saturday, March 21st

- 7:00AM–8:00AM **Breakfast**
- 8:00AM–9:00AM **Bruce Silverman, DO, FACN**
Update Stroke 2015
Obj: 1. Better understanding
2. Stroke demographics
3. How to diagnose stroke
4. Treatment of stroke
- 9:00AM–9:50AM **Kenneth Pituch, MD**
Palliative and Hospice Care
Obj: 1. Define Palliative Care and how it is different from hospice care.
2. Describe the interventions that palliative care providers use to improve quality of life.
3. Demonstrate language that aligns treatment decisions with patient and family values.
- 9:50AM–10:05AM **Break**
- 10:05AM–11:05AM **Molly Paulson, MPAS, PA-C, MT (ASCP)**
Parathyroid Disease
Obj: 1. Recognize the function of the parathyroid glands.
2. Identify the signs and symptoms of hyper & hypoparathyroidism
3. Differentiate primary from secondary causes of hyper & hypoparathyroidism.
4. Develop and discuss an appropriate treatment plan
- 11:05AM–11:50AM **Lawrence MacDonald, MD**
Solitary Pulmonary Nodule Work-Up
Obj: 1. Understand the definition of a pulmonary nodule
2. Understand how to use clinical reasoning in the approach to workup of a pulmonary nodule
3. Understand the benefits and risks of biopsy techniques used to sample pulmonary nodules
4. Understand how to screen for lung cancer using CT
- 11:50AM **Conference Adjourns**
- 12:00PM–2:00PM **MAPA BOD Meeting**

★ ★ ★ CALL FOR CANDIDATES ★ ★ ★

To the 2015-2016 MAPA Board of Directors

Are you interested in becoming involved in Michigan's 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 to 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 MAPA 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, 2015**. 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 and a current AAPA fellow member. 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, current AAPA fellow member and/or accumulated the necessary experience deemed appropriate by the Nominations Committee.

Candidates for **Regional Representative** from Regions 1, 3 and 5 must be a fellow member of MAPA in good standing and live in the region they seek to repre-

sent. You can refer to the MAPA website to view the MAPA regional map and see the region you live in.

MAPA is also seeking nominations for **Chief Delegate, delegates and alternates to the 2015-2016 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 15th 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 1, 2015.** New nominations criteria are available on MAPA's website for review.

E-mail your completed submissions to: mapa@michiganpa.org or mail paperwork to: **MAPA**, c/o Sara Wilson, Academy Administrator
1390 Eisenhower Place, Ann Arbor, MI 48108

MAPA Legislative Update

By Ron Stavale, PA-C

Fellow MAPA Members:

This commentary (analysis) is to update you on some legislation that will have an impact on all practicing Michigan PAs.

In early February of 2015, Senate Bill #68 (SB 68) was introduced into the Senate by the Health Policy Committee Chair Mike Shirkey. SB 68 is this year's version of what is commonly known as the Nurse Practitioner's Independent Practice Bill. A version of this bill has been introduced either in the House or Senate for the last few years. Senate Bill 68 (2015) has incorporated a few components of the amendments that were placed on Senate Bill 2 (2014) before passing the Senate by 2 votes (20-18) last fall. Senate Bill 2 was not voted on in the House of Representatives and therefore it never went to the governor for his signature or his veto.

On February 18th, 2015 MAPA President Heather Klopp, President Elect Chris Noth, Immediate Past President and Legislative Chair Ron Stavale and our Executive Director Mike DeGrow met with some key legislators, including SB 68 sponsor Senator Mike Shirkey, Senator Jim Marleau, Health Policy Chair in the House of Representatives, Mike Callton, and Representative John Bizon M.D. to discuss and share some concerns from the PA community regarding the effect and ramifications that this bill will have on PA practice.

Michigan is home to approx. 4,800 NPs and 4,000 PAs, many of which are co-employed together in mixed (PA and NP) practice settings. The PAs' ability to practice medicine was defined by the initial Enabling Legislation back in 1976 while the NPs have never been officially defined in the law. Therefore, the State of Michigan has technically always treated PAs and NPs similarly. Also back in



1998, rules were promulgated by the State for both PAs and NPs to allow for physician delegation of controlled medications. Currently, though, there are several areas of differences in the PAs' and NPs' ability to practice medicine and prescribe; this situation has created confusion in many practice settings and pharmacies. In 2009, MAPA began working on a bill that eventually was signed by the Governor and became Public Act 210 of 2011. This bill allowed for an extension of controlled substance prescribing, as well as clarifying language regarding the use of restraints in a hospital setting, elimination of co-signatures on any documents as well as breaking down other inefficiencies to practice for PAs. At the time this bill was introduced, it included the same provisions for NPs. Unfortunately, the NP community decided to forgo this legislation altogether and instead, they pushed for Independent Practice, which has yet to pass into law.

Another player in the game is last year's Senate Bill 568 (SB 568) sponsored by Senator Jim Marleau who is past chair of the Health Policy Committee. This bill attempted to re-write practice laws for PAs and NPs in Michigan which would have reflected the reality of current practice settings. SB 568 would have placed PAs and NPs in the class of providers designated as 'prescribers' thus eliminating the issue of delegated prescriptive privileges.

Continued on page 13



This bill would have also removed the term 'supervision' and replaced it with the term 'collaboration'. The term 'supervision' has at times been misinterpreted by those not closely working with PAs and NPs as meaning that PA and NP practices do not involve autonomous medical decision making. Last year the AAPA acknowledged this concern by changing their language to eliminate the term 'supervision' in favor of the term 'collaboration' in its place, which better reflects the current practice model.

Interpretation of the State's administrative rules governing delegated prescribing of controlled substances has been problematic. Presently the rules require that 'a physician' establish a written authorization that outlines the scope of controlled substance prescribing under delegation. This language, particularly the use of the wording 'a physician,' has been interpreted differently by hospitals within Michigan. In a more conservative approach, some hospitals have interpreted this language as requiring each individual physician to establish individual delegation agreements, which has resulted in significant administrative

"...some chiefs of departments refuse to sign delegation forms for PA/NPs for whom they do not work closely with..."

burden associated with ensuring every individual employed or staff physician and every PA/NP sign off on delegation forms (PAs every 2 years, NPs every year). This continues to be a bureaucratic nightmare! In an attempt to address this, some hospitals have interpreted this language more broadly as allowing for a designated chief of a department to sign off on behalf of a group of physicians (aligning with the practice allowed for under separate sections of the public health

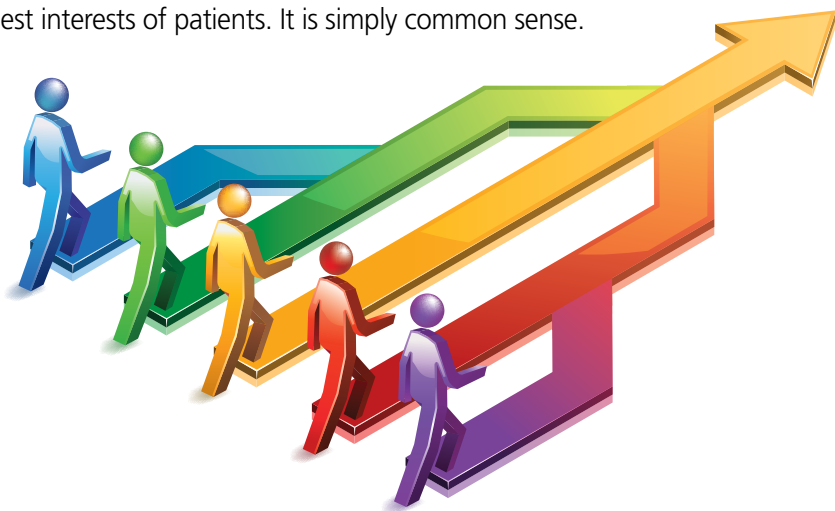
code). Yet in other institutions, some chiefs of departments refuse to sign delegation forms for PA/NPs for whom they do not work closely with out of concern for their own liability because of their own signature on the delegation form. Nationally the DEA views NPs and PAs as 'prescribers', but due to current Michigan law, Michigan is the only State where the DEA requires a delegation form filled out for PAs and NPs registering since we are 'delegated prescribers'.

Because language in law defining PAs includes the words 'supervision' and prescribing under the act of 'delegation', MAPA has great concern if language is passed that eliminates those terms from NP practice, without also changing the language in PA laws. Unilateral change would create even more confusion in mixed practice settings and we believe that it would put PAs at a significant disadvantage within the health care marketplace. There is a perception that is perpetuated by some health care groups that 'supervision' has a negative connotation and some may view this as another bureaucratic burden when compared to the concept of independence. MAPA believes that if NP independence occurs it will create a negative effect on our practice. Institutions may make employment decisions between similar professions based on the amount of administrative burden associated with maintaining delegation and supervision rather than upon skills, training and clinical competency. MAPA has received this feedback directly from some health care institutions as well as some recruiters.

Continued on page 14



MAPA believes strongly in the team approach to patient care. Team-based healthcare builds on the strengths of all health professionals involved to ensure that care is appropriate, timely, safe and effective. There is mounting evidence that demonstrates that a team of providers with multidimensional skill sets most effectively delivers health care. As such, many prominent national organizations have recognized and promoted the need for increases in inter-professional collaboration and enhanced teamwork within health care in order to meet the growing health care needs of Americans. We believe that the team-based approach to patient care is really what is in the best interests of patients. It is simply common sense.



In conclusion, MAPA's Board of Directors is in favor of the language included in last year's SB 568 which eliminates the terms 'delegation' and 'supervision' from the legal language involving NPs and PAs. Under SB 568, PAs and NPs would work under signed Practice Acts determined at the practice setting,

similar to hospital credentialing. This practice

"... We believe that the team-based approach to patient care is really what is in the best interests of patients. "

act would then

delineate what

abilities or scope of practice the PA and NP

would have in that particular practice setting.

This article was not written only to inform you of the bills affecting your practice and facing

legislators this new session. **At some point**

this spring or fall, MAPA will be asking

you to take some time out of your

practice to help us protect and improve your practice setting.

Once language is developed that resembles the reality of our practice settings, and our goal is to keep Michigan PAs and NPs under similar language, then we will ask you to come to Lansing to educate legislators on how important it is to support legislation that allows PAs to continue to work in the best interest of Michigan's patients. Our success or failure will depend on how many of you answer that call!

For reference information, please visit the following websites:

<http://www.senate.michigan.gov/committee/healthpolicy.html>

<http://www.legislature.mi.gov/documents/2015-2016/billintroduced/Senate/htm/2015-SIB-0068.htm>



Physician Assistants of Michigan Political Action Committee Message

The Holidays and state elections are over & behind us, but fundraising for PAMPAC is an all year around activity & commitment.

It usually starts up again fairly quickly, especially in the House where their term is only two years versus four in the Senate. Plus, where term limits are opening up seats, the new contenders start earlier and earlier in their fundraising too.

So you can see that PAMPAC and our legislative contact person, Mr. Mike DeGrow, work and represent our interests all year round, and he continues to need your support through contributions and also with contacts that you have established with your legislators. You can attend their fundraisers and keep in contact with them about issues that you are concerned about especially those that affect your PA practice. But truthfully, by contributing to the PAMPAC fund your donation will ensure that our voice/work continues to be heard & recognized and respected in Lansing.

Being a practicing PA, you're reminded daily how our past hard-fought battles can be toppled or capriciously taken for granted.

Help us (you) prepare to remain vigilant, to safeguard our well-known legacy, but more importantly to meet the tough challenges ahead. As we chart our course for the remaining of this year and the near future, it's my hope that you foresee the magnitude and the importance of your financial support. It is only by standing together against professional bigotry or professional myopic policymakers/legislators that we can advance our cause and professional destiny. Protect your interests!

Sincerely yours,
Vaughn Begick, PA-C
PAMPAC Chair

If you would like to donate to PAMPAC, the mailing address is PAMPAC, 1390 Eisenhower Place, Ann Arbor, MI 48108. If you have any questions or suggestions, you can reach me by e-mail at VaughnPAC@aol.com or by phone at 989 686-0578.

please
DONATE

Competencies for the Physician Assistant Profession

In the time period from 2003-2004, the National Commission on Certification of Physician Assistants (NCCPA) led an effort with ARC-PA (Accreditation Review Commission on Education for the Physician Assistant), AAPA (American Academy of Physician Assistants), and PAEA (Physician Assistant Education Association) to define PA competencies from the growing demand for accountability and assessment in clinical practice.

The resultant document serves as a map for PAs, the physician-PA team and organizations committed to promoting the development and maintenance of professional competencies among PAs. The PA profession defines the specific knowledge, skills, attitudes and educational experiences requisite for PAs to acquire and demonstrate these competencies.

The clinical role of PAs includes primary and specialty care in medical and surgical practice settings. Professional competencies for physician assistants include the effective and appropriate application of medical knowledge, interpersonal and communication skills, patient care, professionalism, practice-based learning and improvement, and systems-based practice.

Patient-centered physician assistant practice reflects a number of overlapping themes. These include an unwavering commitment to patient safety, cultural competence, quality health care, lifelong learning and professional growth. Furthermore, the profession's dedication to the physician-PA team benefits patients and the larger community.



Physician Assistant COMPETENCIES

Medical Knowledge

Medical knowledge includes the synthesis of pathophysiology, patient presentation, differential diagnosis, patient management, surgical principles, health promotion and disease prevention. Physician assistants must demonstrate core knowledge and apply this to patient care in their area of practice. In addition, PAs are expected to demonstrate an investigative and analytical thinking approach to clinical situations. Physician assistants are expected to understand, evaluate and apply the following to clinical scenarios:

- Evidence-based medicine
- Scientific principles related to patient care
- Etiologies, risk factors, underlying processes and epidemiology for medical conditions

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- Signs and symptoms of medical and surgical conditions
- Appropriate diagnostic studies
- Management of medical/surgical conditions to include pharmacological and other modalities
- Interventions for prevention of disease and health promotion/maintenance
- Screening methods to detect conditions in an asymptomatic individual
- History and physical findings and diagnostic studies to formulate differential diagnoses

Interpersonal & Communications Skills

Interpersonal and communication skills encompass the verbal, non-verbal, written, and electronic exchange of information. The skills must result in effective information exchange with patients, patients' families, physicians and other health care personnel within the system. Physician assistants are expected to:

- Create and sustain a therapeutic and ethically sound relationship with patients
- Use effective communication skills to elicit and provide information
- Adapt communication style and messages to the context of the interaction
- Work effectively with physicians and other health care professionals in a team approach
- Demonstrate emotional resilience and stability, adaptability, flexibility and tolerance of ambiguity and anxiety
- Accurately and adequately document information regarding care for medical, legal, quality and financial purposes

Patient Care

Patient care includes patient- and setting-specific assessment, evaluation and management. Physician assistants must demonstrate care that is effective, safe, high quality and equitable and are expected to:

- Work effectively with a team to provide patient-centered care
- Demonstrate compassionate and respectful behaviors when interacting with patients and families
- Obtain essential and accurate information about their patients
- Make treatment decisions based on patient information and preferences, current clinical evidence and informed clinical judgment
- Develop and implement patient management plans
- Counsel and educate patients and their families
 - Perform medical and surgical procedures essential to their area of practice
 - Provide health care services and education aimed at disease prevention and health maintenance
- Use information technology to support patient care decisions and patient education
- Sensitivity and responsiveness to patients' culture, age, gender and abilities
- Self-reflection, critical curiosity and initiative
- Healthy behaviors and life balance
- Commitment to the education of students and other health care professionals

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Competencies for the Physician Assistant Profession

Continued from page 17



"Physician assistants will demonstrate a high level of responsibility, ethical practice, sensitivity to a diverse patient population..."

regulatory requirements. PAs are expected to demonstrate:

- Understanding of legal and regulatory requirements and appropriate role of the PA
- Professional relationships with physician collaborators and other health care providers
- Respect, compassion and integrity
- Accountability to patients, society and the profession
- Commitment to excellence and on-going professional development
- Commitment to ethical principles pertaining to provision or with holding of clinical care, confidentiality of patient information, informed consent and business practices

Professionalism

Professionalism is the expression of positive values and ideals as care is delivered and prioritizing the interests of those being served above one's own. Physician assistants must acknowledge their professional and personal limitations and practice without impairment from substance abuse, cognitive deficiency or mental illness. Physician assistants will demonstrate a high level of responsibility, ethical practice, sensitivity to a diverse patient population and adherence to legal and

Practice-based Learning & Improvement

Practice-based learning and improvement requirements includes the processes through which PAs engage in critical analysis of their own practice experience, the medical literature and other informational resources for the purpose of self- and practice-improvement. Physician assistants must be able to assess, evaluate and improve their patient care practices and are expected to:

- Analyze practice experience and perform practice-based improvement activities using methodology in concert with other health care team members
- Locate, appraise and integrate evidence from scientific studies related to their patients' health
- Apply knowledge of study designs and statistical methods to clinical literature for diagnostic and therapeutic effectiveness
- Utilize information technology to manage and access medical information and support their own education
- Recognize and appropriately address personal biases, gaps in medical knowledge and physical limitations in themselves and others

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Competencies for the Physician Assistant Profession

Continued from page 18



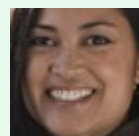
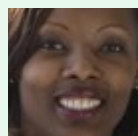
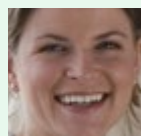
Systems-based Practice

Systems-based practice encompasses the societal, organizational and economic environments in which health care is delivered. Physician assistants must demonstrate an awareness of and responsiveness to the larger system of health care to provide patient care that balances quality and cost, while maintaining primacy of the individual patient. PAs should work to improve the health care system of which their practices are a part and are expected to:

- Effectively interact with different types of medical practice and delivery systems
- Understand the funding sources and payment systems that provide coverage for patient care and use the systems effectively
- Practice cost-effective health care and resource allocation that does not compromise quality of care

- Advocate for quality patient care and assist patients in dealing with system complexities
- Partner with physicians, health care managers and other providers to assess, coordinate and improve the delivery and effectiveness of health care and patient outcomes
- Accept responsibility for promoting a safe environment for patient care and recognizing and correcting systems-based factors that negatively impact patient care
- Apply medical information and clinical data systems to provide effective and efficient patient care
- Recognize and appropriately address system biases that contribute to health care disparities
- Apply the concepts of population health to patient care

(Originally adopted in 2005; revised, updated and adopted in 2012)





SURVIVING the Phone Interview and the Deposition

By Marcos Vargas, PA-C

What does one have to do with the other? I bet that was your 1st visceral gut reaction when you read the title—right? If so, allow me to explain and reveal the similarities these two unlike events hold. But, more importantly, let me explain how to deal with them while improving your outcomes when faced by either one in your career.

So how are they possibly similar?

Essentially, at their core they both are basic interrogative (fact-finding) dialogues between two parties. Basically, during a phone interview the potential employer is seeking to uncover and/or ascertain past employment “liabilities”. So does the plaintiff attorney, s/he wants to uncover and/or ascertain where the liability came into play when the patient suffered a negative outcome (damages).

Remember, each party has an agenda to meet. Generally speaking, PAs can not only survive, but actually shift the odds in their favor by keeping these tips & principles in mind when confronted by either one:

1. **BE RELAXED**—being tense will only increase your stress level and thus fog your recall abilities during the interrogatory engagement. Be natural—don’t pretend, just be yourself.
2. **SCRIPTED OR UNSCRIPTED?**—try not to worry about giving “the perfect answer”. It will sound too contrived anyway. Concentrate on the question and not on the interrogator’s tone or inquiring style or techniques used on you. By employing this strategy, you will become more relaxed as a result.

3. **BE DISCIPLINED**—avoid giving rambling responses or giving knee-jerk responses. Attempt to keep your answers focused. Experts suggest & believe that responses under 30 seconds are always best, unless otherwise asked to elaborate by the querying party. It will make you look poised.
4. **BE FACTUAL**—it is important to be specific. Do not assume or editorialize incidents or circumstances. Truthful responses are always best.

If unsure, request the interrogator to rephrase the query. Also give examples of past work performances. Substantiate all your responses.

How do the liabilities stack up?

No one would argue that both situations are the same. Sure, the stakes are higher during a deposition than with a phone interview. But, I for one, wouldn’t disagree either, yet, they can be analogous in so many ways. Therefore, after reading this article you should have less to fear when confronted with either situation in your career.

And without a doubt ramifications can be significant in both instances, especially when unprepared comments are made either during the phone interview or the deposition. A costly mistake can lead you to a lost job offer. On the other hand, a poor deposition performance could cost even more. In either case, you still have the ultimate chance to turn the tables around a bit in your favor if you can keep these commonalities in mind while implementing these four tips to the best of your abilities. http://mpta.com/images/PDFs/MPTA_Spring_2015_Agenda_and_Conclave.pdf

SOURCES/LINKS/CONTACTS:

Michigan Academy of Physician Assistants: MAPA at 1-734-353-4752 or www.michiganpa.org

American Academy of Physician Assistants: AAPA at 1-703-836-2272 or www.aapa.org

National Commission on Certification of Physician Assistants: NCCPA at www.nccpa.net

Accreditation Review Commission on Education for the Physician Assistant: ARC-PA at www.arc-pa.org

Michigan Department of Community Health for PA license at www.michigan.gov

Drug Enforcement Administration (DEA) license at www.deadiversion.usdoj.gov

Michigan Physician Assistant Foundation (MI PAF) at www.mipaf.com



MAPA PLANNER **EVENTS/CONFERENCES**



MAPA's Spring CME Conference

DATE: March 20 – 21, 2015

SITE: The Baronette Hotel in Novi, Michigan

INFO: www.michiganpa.org or
call 1-877-YES-MAPA

MAPA Fall CME Conference

DATE: October 8 – 11, 2015

SITE: Grand Traverse Resort & Spa in
Traverse City, Michigan

INFO: Available soon at www.michiganpa.org or call
1-877-YES-MAPA