Your Voice. Your Profession.

MICHIGAN PA

VOL. 40 | NO. 2

AUGUST 2019

MAPA FALL CONFERENCE

OCTOBER 10-13 • ACME, MI

REGISTER NOW AT MAPAFALLEVENTS.ORG

MICHIGAN ACADEMY of PHYSICIAN ASSISTANTS

FEATURED:

Your Voice. Your Profession.
MICHIGAN PA

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Contents!

MICHIGAN ACADEMY OF PHYSICIAN ASSISTANTS
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Your Newsletter Editor's Corner

DEAR MAPA MEMBERS,

I hope this letter finds you well and that you are enjoying your summer! In an effort to improve our newsletter and make it more valuable to you, we have switched to a new cycle of three newsletter editions per year from four per year. You can expect your newsletters to be delivered to you mid-August, mid-December, and mid-March of each year going forward.

We accept newsletter submissions on a rolling basis and want to hear from you! Please consider sharing your thoughts or opinions, a brief case report, essay or an article for any of our newsletters. If you are interested or have questions about the MichiganPA Newsletter, please feel free to contact me at kate.schisler@michiganpa.org. And of course, we are always looking for volunteers for MAPA committees-make this year the year to join us!!

BEST,

KATE SCHISLER, PA-C
MICHIGANPA NEWSLETTER EDITOR-IN-CHIEF
MAPA TREASURER

From the President's Desk

GREETINGS,

Recently I had the opportunity to attend the Michigan Hospital Association Conference as a representative of MAPA. It was a great opportunity to advocate for PAs in Michigan! I also got to hear some of the thought leaders in medicine talk about what they think the future holds. There was talk of the integration of technology into medicine and how someday an electronic medical record might give you a differential diagnosis based on the symptoms you entered into the record and then recommend treatments based on that. If technology allows this to happen, History taking and Physical Exam skills are going to be critical. Diagnosis and Treatment can be supplied by artificial intelligence, but the human connection can't come from a machine. I think that PAs are really well prepared to connect with our patients and lead the way into a new era.

While I am president there are 3 areas where I want to focus: Improving the mental health legislation to support patient care by allowing PAs to expand practice; increasing value to members and supporting the growth of the political action committee (which helps us tell our story to legislators). MAPA has a great team working on your behalf and you can read about them in this issue.

MAPA is gearing up for a great fall conference that will feature dozens of lectures on a wide variety of topics including opioids and human trafficking. As well there will be lots of opportunities to have fun with your fellow PAs, PA students and pre PAs that include university receptions and a beach party Saturday night! All of this is thanks to the amazing work of the CME committee and the fantastic and dedicated Ashley Malliett who have worked tirelessly to make this happen.

Can't wait to see you in Traverse City!

CORDIALLY,

JODI ZYCH, PA-C

PSYCHIATRIC PAs AND THE ASSERTIVE COMMUNITY TREATMENT (ACT) TEAM

SARAH SCANTAMBURLO, MSW, MS, PA-C

February 7, 2019

"...there are not schizophrenics, there are people with schizophrenia. And each of these people may be a parent, may be your sibling, may be your neighbor, may be your colleague".

-ELYN SAKS
ASSOCIATE DEAN AND ORRIN B. EVANS PROFESSOR OF LAW, PSYCHOLOGY, AND PSYCHIATRY AND THE BEHAVIORAL SCIENCES AT THE UNIVERSITY OF SOUTHERN CALIFORNIA GOULD LAW SCHOOL, & PERSON WITH SCHIZOPHRENIA

For just shy of a decade, I have worked in the Community Mental Health (CMH) arena as a Psychiatric Physician Assistant. The profession has been an honor and a lesson in reward and humility. There have been wildly amazing days when a patient moves into their own apartment or lands their first job, finally getting to celebrate the autonomy that they yearned so long to procure. These are tempered with the days where we lose amazing souls to the cruelty of the streets, or they succumb to the immeasurable depths of their symptoms and die by suicide. I have grappled over the years how we as a profession can best serve those that the disease appears to engulf.

Regardless of where we were reared, we all came from the same block of dreams for a future. While these aspirations are wildly different, the common theme is everyone yearns for love, happiness, and a sense of community. Life is never a straight trajectory. There can be twists, turns, and life circumstances. During those moments we all have choices. This tends to the roadmap of our lives.

One thing I can boldly guarantee is that no one ever chose to have schizophrenia. No one ever chose to have myriad other mental health disorders that mentally and physically malign themselves from the community where they once belonged. A cursory glance in the media shows that it is more than evident that mental health services are sorely needed and there is a large disparity between the amount of people that desperately need to be served and available medical providers. The numbers alone indicate we are in a crisis and the gap only continues to widen.

Within CMH, the patients with the highest acuity are aligned with the Assertive Community Treatment (ACT) team. It is also utilized for those that may have transferred out of an inpatient setting, yet may necessitate a higher level of care, but would benefit from a more autonomous, quality focused life than a hospital setting. This is an evidence-based program that provides patients with intensive community treatment, as well as developing and coordinating natural supports, in a multi-disciplinary team approach with frequent community contacts to achieve movement towards recovery and an improved quality of life. A key component is its flexibility and the mobile services are available on a 24/7 basis. ACT team services truly embody a holistic approach by assisting the patient in any variety of spheres where the patient would benefit, including, but not limited to, therapy, evaluation and management, housing, or even employment services. The ultimate goal of the program is to empower patients with a diagnosis to live their most autonomous and goal-oriented life as possible and utilize coping skills and the community in which they reside. Currently, there are approximately 100 ACT programs across the State of Michigan.

"Those receiving ACT were more likely to remain in contact with services than people receiving standard community care (OR 0.51, 99%CI 0.37-0.70).

People allocated to ACT were less likely to be admitted to hospital than those receiving standard community care (OR 0.59, 99%CI 0.41-0.85) and spent less time in hospital. In terms of clinical and social outcome, significant and robust differences between ACT and standard community care were found on i. accommodation status, ii. employment and iii. patient satisfaction" (Lockwood & Marshall, 2000).

The patient to staff ratio is small, typically about 1:10, staff are cross-trained with each other as is feasible and readily available to consult with one another, and interventions are monitored and adjusted to meaningfully ensure that the support of patient oriented and appropriate to the circumstances (Phillips, et al., 2001). The team may consist of a RN, QMHP (SUD specialist, LLMSW, LMSW, LPC, LLPC, and Certified Peer Specialist), and a clinical provider (MD, PA, NP). Of note, Psychiatrists, Nurse Practitioners, and Physician Assistant positions are exclusive of the ratio.

To better serve patients in the CMH system, and aptly reflect the contributions and skillset of Physician Assistants in Psychiatry, the State of Michigan has recently amended the Medicaid (MSA) that now allows Physician Assistants to employ services as ACT providers.

"A physician assistant may perform clinical tasks under the terms of a practice agreement with a participating physician. The physician assistant must hold a current physician assistant license and a controlled substance license in Michigan. The physician assistant is not counted in the staff-to-beneficiary ratio. Typically, although not exclusively, physician assistant activities may include team meetings, beneficiary appointments during regular office hours, evaluations, psychiatric meetings/consultations, medication reviews, home visits, telephone consultations and telepractice". (somehow cite the manual, page. 31 (344 on pdf)

The MDDHS establishes the guidelines for approval and certification for all members of an ACT team.

To become ACT certified, a Physician Assistant in the SOM would complete the course, 'ACT for Physicians and Nurse Practitioners' on the website: improvingmipractices.org. This is a one-time completion.

While dichotomized, physical health and mental health are in the same arena: health. As with many diagnoses in either sphere, there may not be cures, but rather best evidence-based practices and modalities. Allowing Physician Assistants the same clinical tasks as Psychiatrists and Nurse Practitioners with ACT, the SOM is employing a greater number of providers to care for patients with severe mental illness. Those allocated to an ACT team program, versus those receiving standard community care, were more likely to be living independently (Marshall & Lockwood, 2000). A concern that extends to every aspect of life, expense, has solid indications that this is not cost-prohibitive. There have been over 25 randomized controlled trials that ACT is "effective in reducing hospitalization, is no more expensive than traditional care, and is more satisfactory to consumers and their families than standard care" (Phillips, et al., 2001). To reflect again to the sentiments of Ms. Elyn Saks, it is about time we move to meet our parents, siblings, neighbors, and colleagues, where they are and help empower and reintegrate them back into the community fold where we all originally harkened our hopes and dreams.

Sources:

https://www.cnn.com/2012/08/12/opinion/saks-mental-illness/index.html (Retrieved February 7, 2019).

Marshall, Max & Lockwood, Austin. (2000). Assertive Community Treatment for People with Severe Mental Disorders. Cochrane database of systematic reviews (Online). 2. CD001089. 10.1002/14651858.CD001089.

Phillips, S.D., Burns, B.J., Edgar, E.R., Mueser, K.T., Linkins, K.W., Rosenheck, R.A., et al. (2001). Moving assertive community treatment into standard practice. Psychiatric Services, 52(6), 771779.

MICHIGAN ACADEMY of PHYSICIAN ASSISTANTS

MichiganPA.org

What is a PA? "**Practice as a Physician Assistant**" means the **Practice of Medicine** with a **Participating Physician** under a **Practice Agreement**. -MCL 333.17001(1)(B)(k)

#1 Fastest Growing Job in Medicine

U.S. Bureau of Labor, April 2019

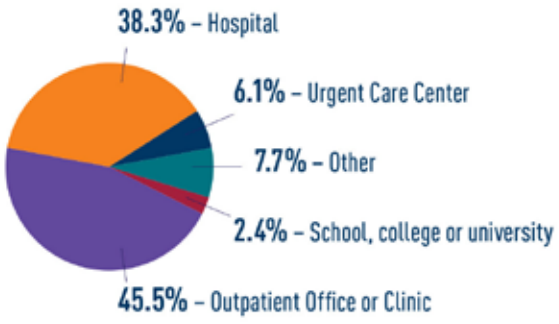
#5 Fastest Growing Occupation in America

U.S. Bureau of Labor, April 2019

#7 on Forbes List of 25 Highest Paying Jobs in America

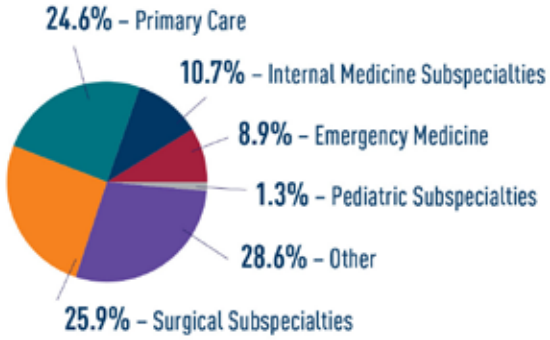
Forbes, 2018

PAs practice in every work setting



2017 AAPA Salary Survey

PAs practice medicine in all specialties



2017 AAPA Salary Survey

6,000 Michigan PAs Practice Medicine & Prescribe

10 PA Programs

Michigan State University (MSU)*
University of MI-Flint (UofM)*
Wayne State University (WSU)
Grand Valley State Uni. (GVSU)
Central MI University (CMU)
Western MI University (WMU)
Eastern MI University (EMU)
University of Detroit Mercy (UofD)
Concordia University*
Lawrence Tech University*

*New since 2018

The Issue: **Michigan residents face challenges to mental health care access, which PAs are well qualified to address.**

The Facts:

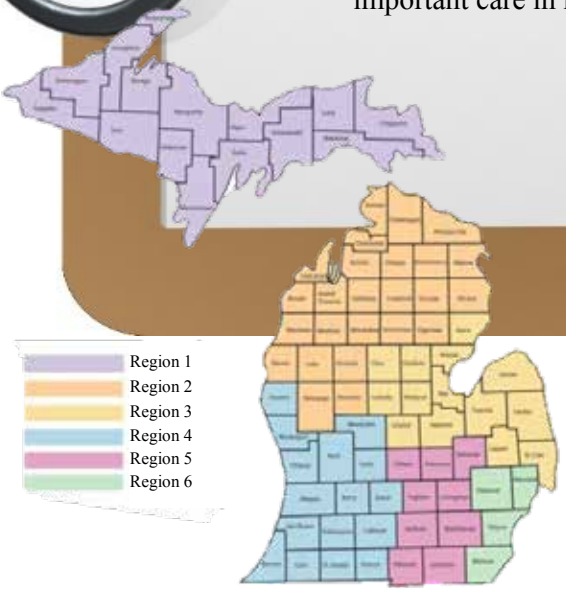
- ***Psychiatric Medicine is part of every PA's curriculum and clinically training.***
- ***PAs practice in every type of psychiatric medicine/behavioral health/mental health setting in Michigan.***

The Solution: Here are three primary solutions to improve mental health access for Michigan residents by amending the Mental Health Code (MHC) in Michigan Law.

1) **Define PAs as Mental Health Professionals in the MHC.** The MHC currently defines "Mental Health Professional" as a physician, psychologist, RN, MSW, licensed professional counselor, or a licensed marriage and family therapist.

2) **Include PAs in the MHC as providers able to initiate safety restraints.** This barrier only exists for patients receiving care in a psychiatric setting. PAs can protect their patients (and other providers) by issuing safety restraints in every other medical setting.

3) **Include PAs in the MHC, as providers able to issue initial certification for a temporary emergency hold and transfer to a psychiatric facility.** PAs and NPs can provide this critically important care in most states.



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Region 6 Rep – Ryan Desgrange, PA-C, rdesgra1@hfhs.org

ASHLEY MALLIETT PA-C, MAPA 2019 CME CHAIR

OUR ANNUAL MAPA FALL CME CONFERENCE IS COMING SOON!

PLEASE JOIN US OCTOBER 10TH-13TH AT THE GRAND TRAVERSE RESORT IN ACME, MICHIGAN FOR AN EVENT FILLED WITH CUTTING EDGE WORKSHOPS AND SESSIONS BRINGING THE LATEST UPDATES AND PERTINENT INFORMATION TO YOU.

We are excited to bring you timely topics such as:

- Integrative Medicine in Psychiatry
- Opioid Use and Chronic Pain
- Breast Cancer Treatment and Diagnosis
- Acute Chest Pain: Pericarditis
- and many more!

Also, remember to mark your calendars for the Battle Royal of all quiz bowls! Come see PA programs from around the state battle it out for the title on Friday night. New this year – We are looking for videos highlighting why your school is 'in it to win it'.

Don't miss the Saturday night MAPA Beach Bash. Bring the entire family for sand castles, beach drinks and campfire s'mores.

Registration, conference schedule and other important information for the conference is available at the Michigan Academy of Physician Assistants Event Page mapafallevents.org Or you can use the registration form included here.

We hope to see you there!

Henry Ford Health System

The Henry Ford Health System APP COUNCIL EDUCATION COMMITTEE PRESENTS it's

3RD ANNUAL HFHS CME/CE MICHIGAN FALL SYMPOSIUM

SATURDAY, NOVEMBER 2, 2019, 7:15 AM – 3:30 PM

THE HENRY AUTOGRAPH COLLECTION HOTEL, DEARBORN, MI

This CME/CE conference is geared toward Advanced Practice Providers (NP, PA, CNM, CRNA) and offers a variety of presentations for clinical practice. Initial presentation and discussion will highlight Advanced Practice legislative topics as presented by various State of MI APP practice organizations. Additional presentation topics include: Pediatric Anesthesia, Ultrasound basics, Opioid Overdose Prevention and Education, Virtual Care and other topics pertinent to Advanced Practice.

Pre-registration required: No Cost for HFHS APPs, $100-Non HFHS APPs, $60-Students. Includes Breakfast, Lunch and 5.75 CME/5.50 CE.

Registration Link Register by Wednesday, October 30, 2019. Preceding the symposium will be an optional free non-CME vendor dinner (November 1st, 6-8pm) Vendor-TBA. Discounted hotel room rates: $149 per night-3rd Annual MI CME/CE Advanced Practice Providers Fall Symposium Book your room by Friday, October 11, 2019 to receive the discounted rate. For questions contact Vanessa Graves at vgraves1@hfhs.org

MAPA FALL CME CONFERENCE SESSIONS

OCTOBER 10-13, 2019 • GRAND TRAVERSE RESORT & SPA • ACME, MI
FOR THE FULL AGENDA VISIT ***MAPAFALLEVENTS.ORG***

THURSDAY, OCTOBER 10, 2019

Gender Dysphoria
Mike Brennan, MD

Why Do You Fix it This Way? - Spine
Avery Jackson III, MD

Finally, Some Real Options to Control Severe Dyslipidemia
John McGinnity, PA-C

Thyroid Testing and Interpretation
Molly Paulson, PA-C

Concussion Continuum
Rebecca Kahn, PA-C

Managing Diabetes from a Patient's Perspective
Aimee Lamb, PA-C

Polycystic Ovarian Syndrome (PCOS)
Nicole Budrys, MD

Advances in Aesthetic Medicine - What's New in Minimally Invasive Aesthetics
Lisa Metler, PA-C

Environmental Medicine: Envenomations, Poisonings, and Rashes
Robert Ayotte, PA-C

LGTBQIA101: An Introduction to Outstanding Medicine for Today's Healthcare Provider
Brian Tesler, MD

Fecal Microbiome Transplant and Weight Loss
Michelle Petropoulos, PA-C

What's in Grandma's Drug Cabinet? Best Practices for Medication Therapy in The Geriatric Patient
Jim Lile, PharmD

Point of Care Ultrasound Workshop

Orthopaedic Reduction Techniques for Physician Assistants: A Visual Guide to the Successful Reduction of the Most Common Orthopaedic Conditions
Ryan Desgrange, PA-C

Understanding the Downward Spiral of Patients with Osteoporotic Compression Fractures: Diagnosis
Avery Jackson III, MD

FRIDAY, OCTOBER 11, 2019

State of the Academy: Issues and Answers
MAPA Leadership

Acute Chest Pain: Pericarditis
Michael Muldowney, PA-C

Musculoskeletal Hand Trauma Drama: the Beginner's Guide to Correctly Diagnose, Treat, and Stay Out of Trouble With the Most Common Hand Injuries and Pathologies
Ryan Desgrange, PA-C

The Rise of HPV: The Diagnosis, Prevention, and Management of Oropharyngeal Cancer
Shant Korkigian, DO

Injections Workshop
Angela Braun, PA-C

Provider Burnout: the Never Ending Balancing Act
Abby Rogers, PA-C

Vaginal Bleeding in Pregnancy
Julia Burkhardt, PA-C

What is Integrative Medicine?
Lila Massoumi, MD

Evaluation and Management of Anemia
Rob DeMeester, PA-C

Evaluation of the Oncology Patient
Kelli Frost, PA-C

Hip Conditions and How They Present
Charles Regan, PA-C

No Fibbin'! Primary Care Management of Atrial Fibrillation (and When to Refer...)
Eryn Smith, PA-C

Active Violence Emergency Response Training
Lindsay Gietzen, PA-C

EKG Review
Erik Saulitis

Individualized Treatment for Type 2 Diabetes: New and Novel Treatments
Randy Brush, PA-C

Seriously? You're Still Smoking? How to Help Your Pts Quit Without Sounding Judgmental
Sue Baker, PA-C

Understanding the Downward Spiral of Patients with Osteoporotic Compression Fractures: Treatment
Avery Jackson III, MD

Aging Well: Lessons Learned from Centenarians
John Woodard, Ph.D.

Approach to Syncope
Ron Stavale, PA-C

Bio-Identical Hormone Replacement therapy in Clinical Practice
Bob Huttinga, PA-C

Let's Communicate: Project ECHO
Avery Jackson III, MD

Adverse Childhood Experiences
with Natasha Smith, PA-C

Family Medicine Immunization Recommendations
Joshua Meyerson, MD

How to Slow the Progression of CKD in the Diabetic Patient: Six Proven Strategies
Marlene Shaw-Gallagher, PA-C

SATURDAY, OCTOBER 12, 2019

Diabesity
Paul Kemmeter, MD

Integrative Medicine in Psychiatry
Lila Massoumi, MD

Low Dose Lung Cancer Screening
Ralph Duman, MD

Caring for Persons with Multiple Sclerosis in 2019
Danita VanderKodde, PA-C

Perinatal Mood Disorders: How to Screen, Diagnose, and Treat Our Patients at Risk
Erin Walker, PA-C

Topics of Interest in Infectious Diseases
Joel Fishbain, MD

Endoscopic Evaluation and Palliation of Pancreatic Cancer
Serge Sorser, MD

PA Aware - Health Care Fraud & Kickback Schemes
Natalie Dillman, PA-C

PCI Or Not to PCI - THAT is the Question
Natasha Smith, PA-C

Giving the Gift of Life: A Closer Look at Donor Management
Stu Szczepanski, DC III; CPTC

Rethinking Reimbursement
Michael Powe, AAPA VP

The Ever Changing Care of the Acute Stroke Patient
Bruce Silverman, DO

Beginner Suturing Workshop
Frank Nysowy, MSW, PA

How to Become Involved in PA Leadership
Julia Burkhardt, PA-C

Human Traffiking
Danielle Bastien

Tinnitus: "No Cure" Does Not Mean "No Help."
Terry Alsum, Au.D.

Advanced Suturing Workshop
Frank Nysowy, MSW, PA

Breast Health
Amber Murphy, PA-C

Telehealth in a Surgical Subspecialty- Urology
Stanley Mukundi, PA-C

Update from NCCPA: Positive Changes to Certification Maintenance
Greg Thomas, PA-C Emeritus, MPH

Addressing the HIV/HCV/OUD Syndemic in Michigan
Mary Rose Forsyth, NP

Pain and the Opioid Crisis:Origins, Solutions and Barriers
Carl Christensen, MD

Understanding Hearing Loss and its Impact on Daily Living
Terry Alsum, Au.D. Clinical doctorate of Audiology

SUNDAY, OCTOBER 13, 2019

Medical Nutrition Therapy Essential in the Treatment of Type 2 Diabetes
Susanna Storeng, PA-C

Updates in MS
Matthew Holtzman, MD

Suicide Risk Assessment and Management
Michael Hunt, MD

Session Agenda subject to change

2019 MAPA Fall CME Conference

October 10-13, 2019

GRAND TRAVERSE RESORT AND SPA • ACME, MI

MAPAFALLEVENTS.ORG

MEMBERSHIP JOIN/RENEW OPTIONS

Join/renew your MAPA membership now to receive the discounted conference rates. *See MAPA website for membership category details.*

Fellow ☐ $190 New Graduate ☐ $115 Student ☐ $40
Associate ☐ $115 Pre-PA Student/Affiliate ☐ $65

TOTAL MEMBERSHIP FEE (A) $_____

FULL CONFERENCE REGISTRATION FEES

Early Registration ends September 13TH
Registration fee includes scheduled breakfasts, breaks, & lunches.

* MAPA Member ☐ $395 Early ☐ $420 Standard ☐ $445 Onsite

* Student MAPA Member/ Pre-PA Student/Affiliate
☐ $145 Early ☐ $165 Standard ☐ $185 Onsite

Non-MAPA Member ☐ $645 Early ☐ $670 Standard ☐ $695 Onsite

Non-PA Spouse ☐ $250 Early ☐ $275 Standard ☐ $295 Onsite

☐ Military/Veteran 20% Discount

TOTAL REGISTRATION FEE (B) $_____

2 DAY CONFERENCE REGISTRATION FEES

Registration fee includes scheduled breakfasts, breaks & lunches.

SELECT TWO DAYS: ☐ THURSDAY ☐ FRIDAY ☐ SATURDAY
* MAPA Member ☐ $275 Early ☐ $300 Standard ☐ $325 Onsite
Non-MAPA Member ☐ $525 Early ☐ $550 Standard ☐ $575 Onsite

TOTAL REGISTRATION FEE (B) $_____

1 DAY CONFERENCE REGISTRATION FEES

Registration fee includes scheduled breakfasts, breaks & lunches.

SELECT DAY: ☐ THURSDAY ☐ FRIDAY ☐ SATURDAY
* MAPA Member ☐ $175 Early ☐ $185 Standard ☐ $195 Onsite
Non-MAPA Member ☐ $275 Early ☐ $285 Standard ☐ $295 Onsite
* Student MAPA Member ☐ $75 Early ☐ $85 Standard ☐ $95 Onsite

SUNDAY ONLY: ☐ * MAPA Member $75 ☐ $100 Non-memeber
(Rate only applies to Sunday Oct. 13th.)

TOTAL REGISTRATION FEE (C) $_____

WORKSHOPS/EXTRA ACTIVITIES

Please Note: *Due to limited space, registration will be on a first-come, first-served basis for workshops and extra activities.*

Workshops

☐ ***Thursday, October 10 - Active Violence Emergency Response Training..... $40***
☐ ***Thursday, October 10 - Point of Care Ultrasound..... $40***
☐ ***Friday, October 11 - Injections..... $40***
☐ ***Saturday, October 12 - Beginning Suturing..... $40***
☐ ***Saturday, October 12 - Advanced Suturing..... $40***

Extra Activities

Saturday, October 12 - 7:30 am - 9:00 am
5k Run*, 1 Mile Wake-Up Walk and/or 1 Mile Kids Trot ..... Complimentary #____ attending*
Saturday Evening Event 7:00 pm - 9:00 pm *#Adults____ #Children____attending*
☐ 5+ Family $75 ☐ 4 or less Family $60 ☐ Individual $25

TOTAL WORKSHOPS/EXTRA ACTIVITIES FEE (D) $_____

TOTAL FEE (A+B+C+D) $_____

* *Includes out of state PAs. Member verification of your state PA association is required.*

REGISTRANT INFORMATION

☐ PA-C ☐ PA-S ☐ Other:_____

First Name _____

Last Name _____

Organization _____

Address_____

City _____ State ____ Zip _____

Phone _____

Fax_____

Email_____

☐ Special Dietary Needs_____

Please check: ☐ Alumni of: ☐ Current Student of:

☐ CMU ☐ EMU ☐ GVSU ☐ UDM ☐ WMU ☐ WSU

PAYMENT INFORMATION

☐ Check # _____ (Payable to: MAPA)

☐ Visa ☐ MasterCard ☐ American Express ☐ Discover
Credit Card # _____

Exp. Date _____ CVV (3 or 4 digit code on back of card) _____

Billing Name_____

Billing Address_____

Billing City, State, Zip _____

Name as it appears on Card _____

Authorized Signature _____

Please mail registration form with payment to:

MAPA • 2425 E. Grand River Ave., Ste 1 • Lansing, MI 48912

PAYMENT AGREEMENT: This registration form serves as a contract between the conference registrant and the Michigan Academy of Physician Assistants. Payment for the services provided by the Michigan Academy of Physician Assistants is the responsibility of the conference registrant. Payment in full will remain due if the registrant is absent or cancels after September 13, 2019. The conference registrant agrees to these terms and the contract becomes active upon receipt of the registration form to the Michigan Academy of Physician Assistants.

CANCELLATION POLICY: All cancellation requests must be submitted in writing to the MAPA office, postmarked by September13, 2019. All refunds are subject to a $50 processing fee. There will be No Refunds issued after the September 13, 2019 deadline. There are no refunds for membership dues or pre-paid/unattended Workshops or Extra Activities.

HOTEL RESERVATIONS: The Grand Traverse Resort and Spa will be offering a discounted room rate for MAPA conference registrants. Be sure to mention you are a MAPA conference attendee. Registrants are responsible for their own hotel reservations.

MILITARY/VETERAN (20% DISCOUNT): The military/veteran would be required to provide sufficient documentation to prove eligibility for this 20% discount.

PHOTO DISCLAIMER: Please be aware that this registration form also serves as an agreement to appear in photographs taken at the 2019 MAPA Fall Conference. And that these photos may be used for publicity or general information purposes and may be seen by the general public.

877-937-6272 • mapa@michiganpa.org • www.michiganpa.org

PA SPOTLIGHT

BY: JULIA BURKHARDT PA-C

Michigan Academy of Physician Assistants (MAPA) continues to shed a spotlight on PAs that hold unique positions in leadership or clinical practice across the state. During this issue we will hear about what it is like to practice in pediatric neurosurgery from Heather Sutton, PA-C.

- ***Where did you attend to PA school and what was your background prior to attending PA school?***
  I attended Franklin Pierce University in New Hampshire. Prior to attending PA school, I was an Advanced EMT in rural northern Vermont for six years.

- ***What drew you to a pediatric subspecialty?***
  I was on my emergency medicine clinical rotation which included one week at Children's Hospital of Michigan. In the middle of the night shift, we contacted Neurosurgery for a consult and a PA came down. I introduced myself and after a brief conversation, I shamelessly asked to shadow her for a rotation. She agreed and I spent a glorious 5-weeks in Pediatric Neurosurgery.

  The organizational structure of the department was the first draw for me. The service was run by the advanced practice providers with close collaboration with the attending neurosurgeons. There was mutual respect and encouragement in a field that can be quite stressful.

  The relationships that we make with the families are cultivated over the years. Pediatric neurosurgery patients may have life long surgical needs and we are there to provide education, pre and post-operative care, and support as the patients' grow.

- ***What are the challenging and most rewarding parts of practicing in pediatric neurosurgery?***
  The most challenging types of cases are abusive trauma and neoplasms. We all identify with a patient or a family at some point and take that home to our families. I'm very fortunate to work with PAs and NPs that have many years of experience and understand the stress that comes with pediatric neurosurgery.

- ***What is a typical "day in the life?"***
  We work three 12-hour shifts 7am - 7pm or 7pm - 7am. We start each day with signout from the night shift which can be a PA, NP, or resident. Once we receive signout, we look up labs and imaging on all our patients. We then round with the day shift staff, residents, and the attending neurosurgeons. We are expected to present patients, know the pertinent history, neuroimaging, lab results, surgical plans, and disposition. Once rounds are completed, the surgeons have clinic or operate. We write notes, run a neurosurgery walk-in clinic for established patients, complete consults both ER and inpatient. The PAs are also trained as first assists and assist in the OR as needed.

- ***What advice do you have for PA students and other early career PAs?***
  Clinicals are a great way to interview a potential employer for many weeks and they are able to do the same with you! Use this time to learn which areas of medicine you love and which areas you do not enjoy. Both aspects are equally important.

  Get involved! Join organizations like MAPA and AAPA. Support our profession and let your voice be heard.

- ***Where do you see the PA profession in 20 years?***
  Over the next 20 years, we will continue to provide quality patient care in all facets of medicine, solidify our role in optimal team practice, and provide access to care in medically underserved areas. It's an exciting time to be in medicine and I look forward to seeing where we will go.

Do you have a PA leader and or clinically practicing PA that deserves to be featured? Please send your recommendations to julia.burkhardt@michiganpa.org.

MEET YOUR MAPA LEADERS

JODI ZYCH, PA-C – MAPA PRESIDENT

Jodi Zych graduated from Wayne State University in 1999 and has worked in a variety of settings as a PA. Her roles included inpatient, outpatient and a skilled nursing facility. She recently completed a Masters of Health Care Administration to prepare her for the administrative role of her current job. Having served in a variety of capacities in the Academy, she starting as a delegate to the AAPA House of Delegates moved to Chief Delegate and now serves Michigan PAs as the 2019-2020 MAPA President.

RON STAVALE, PA-C – MAPA PRESIDENT-ELECT AND DELEGATE TO AAPA HOUSE OF DELEGATES

After graduating from Western Michigan's PA program in August of 1983, Ron Stavale initially accepted a position at Grace Hospital on the Internal Medicine Service and has practiced hospital medicine at various institutions since then. Ron is the PA representative for Michigan's Health Professional Recovery Program (HPRP). Ron is honored to be President-elect of MAPA and is thankful of the fellow PA colleagues that volunteer their personal time to maintain our organization. In his spare time, Ron enjoys spending time with his family, woodworking, gardening, cooking and relaxing at his 500-square foot cottage in Canada overlooking Lake Huron.

JULIA BURKHARDT, PA-C - MAPA SECRETARY

Julia Burkhardt PA-C is a clinically practicing PA working in women's health. Julia is an alumna of U of Detroit Mercy, she has served on the Student Academy of AAPA and the MAPA Board previously, most recently as the MAPA Region Six Representative. She is a native of Toledo, Ohio and in her spare time enjoys traveling with her husband Tom, talking way too much about her dog Moxie, pretending to enjoy meal prepping and visiting family and friends across the Midwest.

KARL WAGNER, PA - MAPA IMMEDIATE PAST-PRESIDENT

Karl G. Wagner, Jr. PA, BA has been a PA since his graduation from Yale in 1990. He was a Senior Physician Assistant, Credentialed in Internal Medicine Department until his retirement in 2012. Karl serves as the MAPA Immediate Past-president and now manages his own Consulting Services. Karl and his wife Mary, a former teacher, live in New Hudson.

KATE SCHISLER, PA-C 2019-2020 TREASURER AND MICHIGANPA NEWSLETTER EDITOR IN CHIEF

Kate Schisler currently practices family medicine in Bay City. She has 17 years of experience including internal, urgent, emergency and critical care medicine. Kate is a proud MAPA member who serves as Treasurer as well as Editor-in-Chief of the MichiganPA Newsletter. She has been married for 30 years to her high school sweetheart Todd, and has two grown children. In their spare time Kate and Todd like to escape in their motorhome.

MIKE WHITE, PA-C - MAPA REGION 1 REPRESENTATIVE

Mike White has been practicing for 28 years. For the last 12 years he has been working in emergency medicine at UP Health System in Marquette, MI. Mike has been married for 28 years and has two children. In his spare time he enjoys trail running.

FRED KASPRIAK PA-C - MAPA REGION 2 REPRESENTATIVE

Fred Kaspriak has been a PA-C for 13 years in Orthopedics as well as an athletic trainer for 26 years. He enjoys his career and also enjoys sharing it with students. Fred enjoys the Michigan outdoors.

ANGELA BRAUN PA-C - MAPA REGION 3 REPRESENTATIVE

Angela Braun graduated from WSU in 2016 and currently works in emergency medicine and urgent care. She also owns a company that markets, brands and develops urgent cares for PAs, NPs and Doctors to start their own practice. During her 3 years as a MAPA member she has volunteered as the Student Liaison and now represents Region 3 PAs of Michigan. Angela lives in Fenton, with two boys aged 10 and 11. They love to travel and can be found golfing hiking, camping, boating or kayaking during the summer and snowboarding in the winter.

BLAKE GESCHKE PA -C – MAPA REGION 4 REPRESENTATIVE AND SOCIAL MEDIA CHAIR

Blake Geschke is in his second year on the Michigan Academy of PAs Board of Directors representing Region 4 as well as serving as Director of Social Media. He is a graduate of Grand Valley State University's PA Program and works in general practice. Previously Blake held positions as President of his PA Class and Director of Student Communications for The Student Academy of The American Academy of PAs. When not working Blake enjoys playing and watching sports, reading, and exploring breweries with friends.

SAMANTHA DANEK PA- C – MAPA REGION 5 REPRESENTATIVE

Samantha Danek is a practicing PA-C with 10 years experience in various departments including Emergency, General Surgery, Hospitalist, and currently, Neurosurgery at Henry Ford Allegiance Health in Jackson. Samantha Is the MAPA Region 5 representative and a proud MAPA member who is looking forward to advancing the profession during her tenure. In her free-time Samantha enjoys running trail marathons with her husband and vacationing on the shores of Lake Michigan with their children.

RYAN DESGRANGE, MS, PA-C – MAPA REGION 6 REPRESENTATIVE AND DELEGATE TO AAPA HOUSE OF DELEGATES

Ryan Desgrange is currently practicing as the Advanced Practice Provider Manager for orthopedic surgery for the Henry Ford Hospital System. He graduated from Wayne State University in 2008 with a background in the areas of emergency medicine and orthopedics. Ryan currently serves as a member of the MAPA CME and Legislative Committees, the MAPA Region 6 Representative and a Delegate to AAPA House of Delegates. His passion is teaching/precepting students and lecturing. Ryan would like to help our profession grow into hospital administration. When not working, he enjoys watching movies, exercising, and spending as much time as possible with family after his busy work week.

ASHLEY MALLIETT, PA-C – MAPA CME CHAIR

Ashley Malliett currently practices Advanced Heart Failure and Cardiac Transplant Medicine in Detroit. She has 8 years of experience which also includes cardiology, cardiac surgery, emergency and critical care medicine. Ashley is proud to be a MAPA member and serve as the CME Chair. She along with her family are huge outdoors fans. In their spare time, you can find Ashley, her husband, 2-year old daughter, and 2 labs hiking, fishing, or kayaking.

MICHELLE PETROPOULOS, DMSC, PA-C, DFAAPA – MAPA LEGISLATIVE AND GOVERNMENTAL AFFAIRS CHAIR AND DELEGATE TO AAPA HOUSE OF DELEGATES

Michelle Petropoulos has been working in Family Medicine for 20 years. She is a member of MAPAs CME committee and also serves as a Delegate to the AAPA. Most recently she was appointed as the MAPA Legislative Chair. She is eager to advocate for the profession, and continue the outstanding legislative successes that precede her appointment. She is a University of Detroit Mercy PA alumnus and recently received a Doctorate of Medical Science from the University of Lynchburg. She is married and spends any free time with her three teenagers. She also enjoys traveling and fitness.

JIM KILMARK, PA-C – MAPA REIMBURSEMENT CHAIR

Jim Kilmark has practiced in Emergency Medicine during 16 years of Clinical Practice. He works for Emergency Physicians Medical Group an Envision Physician Services Company, with a clinical practice at St. Joseph Mercy Hospital in Ypsilanti MI. And also serves as a Regional Manager of Advanced Practice Providers. Jim has been a MAPA member since 1999 and during that time he has volunteered in many roles including Treasurer, Past President and his current role, Reimbursement Chair. Raised in Rural SE Michigan, Jim currently resides in Belleville. He has been married for 22 years and has a 16 year-old son. Jim enjoys outdoor activities, woodworking and hockey.

AINSLEE RUBINO, PA-C – MAPA STUDENT ADVISOR

Ainslee Rubino is a new graduate currently working for Henry Ford Health Systems as a Hospitalist PA in Internal Medicine. She is excited to be joining the Board as the new Student Liaison. She served as the MAPA Representative for Wayne State University prior to joining the MAPA Board of Directors. Twice Ainslee won the LAS scholarship, which gave her the opportunity to travel to Washington DC and learn from national PA leaders. Ashley was also a MAPA PA Foundation scholarship recipient. When not practicing medicine, Ainslee enjoys performing in the arts, painting, volunteering, and exploring new cities and countries.

JOHN YOUNG PA-C – MAPA COMMUNICATIONS CHAIR

John Young practices cardiovascular surgery in Royal Oak and has been a PA for 7 years. Since his graduation from Western University, John has served as MAPA past president and is currently the Communications Chair. John and his wife Julie have 2 beautiful children. They love the beach and going up north.

(Continued on Page 16)

MEET YOUR MAPA LEADERS *(Continued from Page 15)*

FELICA SHAYA, PA-C – MAPA VOLUNTEER CHAIR

Felicia Shaya practices in Gastroenterology with a focus in motility disorders in Detroit and Novi. She has over 5 years of experience which also includes internal medicine. Felicia continues to serve MAPA as the Volunteer Committee chair and she looks forward to continued mentorship through the organizing of volunteer and social events. A Detroit native, Felicia is a proud WSU Alumna.

JANET BURNS, PHD, PA-C – MAPA CHIEF DELEGATE TO AAPA HOUSE OF DELEGATES

Janet Burns has over 30 years' experience as a teacher and school administrator at the elementary, secondary, and college/ university levels. After retirement, Janet went to PA school at the University of Detroit Mercy where she graduated in 2012. She currently practices in an outpatient internal medicine practice in Brighton. Prior to this position, Janet worked in family medicine, urgent care, and breast oncology. She is pleased to serve MAPA as the Chief Delegate in the AAPA House of Delegates. In her spare time, Janet enjoys skiing, traveling, reading, the "Arts", entertaining, and spectator sports. Janet is an active member of her local Rotary Club and volunteers with her registered therapy dog - Ellie. She also travels to Haiti and Guatemala for medical mobile mission trips.

KAITLIN AULIE, PA-C – MAPA DELEGATE TO AAPA HOUSE OF DELEGATES

Kaitlin Aulie, PA-C has been practicing for over 2 years and currently has dual roles; specializing in diagnostic radiology at Beaumont Hospital in Royal Oak and at an urgent care in West Bloomfield. Kaitlyn loves running or taking Zumba dancing or spinning classes. Her favorite pastimes include skiing in the winter and hiking in the summer.

JEFF CORNELL, PA-C – MAPA DELEGATE TO AAPA HOUSE OF DELEGATES

Jeff Cornell has been a practicing PA-C in both Emergency and Family Medicine for 7 years in Metro Detroit Area. Most recently he was elected to serve as a MAPA delegate to AAPA House of Delegates. Jeff hopes to join additional committees within MAPA. He wants to volunteer with MAPA in order to help Michigan continue to be one of the best states for PAs to practice medicine. Before becoming a PA-C, Jeff spent over a decade working in the Automotive industry in a variety of Management, Sales, and Engineering positions.

ZARNA PATEL, PA-C – MAPA DELEGATE TO AAPA HOUSE OF DELEGATES

Zarna Patel, PA-C has been a PA for over 10 years with varied experience in Internal Medicine, Gastroenterology and Infectious Disease. She currently practices Cardiovascular medicine at St Joseph Mercy Oakland hospital in Pontiac Michigan. Prior to becoming a PA, for 21 years Zarna was a Registered Dietitian. She enjoys spending time with family and friends, cooking with spices from around the world. Zarna also enjoys going on trips, whether it is the Upper Peninsula of Michigan, Yellowstone National Park or the Wilderness of Alaska, she likes to experience the natural wonders that surround us.

MARY HUYCK, PA-C – MAPA DELEGATE TO AAPA HOUSE OF DELEGATES

MICHIGAN ACADEMY OF PHYSICIAN ASSISTANTS ACADEMY ADMINISTRATOR • JILL SKUTAR

Jill Skutar, CAE, CMP is the new Academy Administrator. She is the MAPA resource for increased innovation in communication, educational delivery and member engagement. Prior to joining the firm, Jill spent 27 years working directly in the association world.

Maner Costerisan is a full-service public accounting, technology, business advisory and association services firm dedicated to providing quality and reliable services targeted to specific client needs Maner Costerisan Association Solutions is ready to assist the board of directors as they promote MAPAs mission and vision.

THADD GORMAS, EXECUTIVE DIRECTOR

Thadd Gormas works with Michigan PAs to navigate complex health policy environments MAPA's Executive Director and public affairs consultant. Having served the Michigan Legislature as an executive leader and wonk for over a decade, Thadd is trusted by decision-makers. His work has empowered Michigan communities to improve health outcomes.

Thadd, his wife Michelle Gormas, PA-C and their two children live in the Lansing-Okemos area when they aren't playing in Charlevoix. Thadd studied liberal arts with the focus of economics at Calvin College.

WHEN EMPATHY DECLINES: BEYOND "I'M SORRY TO HEAR THAT."

The allergy list was longer than the med list, that was the first red flag. Scrolling through, I noticed a familiar theme in that all of the allergies could be used for pain of various types: "NSAIDS-Vomiting", "Cyclobenzaprine-Hives", "Acetaminophen-Anaphylaxis". The list continued to include more potent pain medications. Scanning the HPIs from the last few visits I noticed another theme: "pain uncontrolled," "requests increase," "1000/10 pain." I sighed and glanced at my preceptor, secretly hoping maybe he would let me see a different case if I lingered just a bit longer. My discouraged attitude caught me off guard. Where was the optimistic, empathetic student who began studying medicine two years ago? Had I already lost my empathy for patients experiencing chronic pain?

Empathy, especially in medicine, can be elusive to define. Is it what we say in response to patients' concerns? Probably, but empathy can be expressed in silence, and perhaps better than in words. Could it be a shaking of the head or a frown at hearing sad news? This too is possible but it can't be expressions alone. I find it helpful to return to its greek origins. Empathy comes from the combination of the greek words em meaning "in" and pathos meaning "feeling." Contrast this to the word sympathy, from the greek root sun, which translates to "with" feeling. There's something fundamentally different about sitting "in" feeling rather than "with." Sympathy seeks to be an observer of suffering while empathy seeks to personally enter into it. There's something sacred about empathy. I feel it is worthy of investigation.

I began studying empathy earlier this year. Partly fueled by my own frustrations and the growing cynicism which I had identified in myself. Previous research has demonstrated that empathy declines through medical education. Medical students' scores on the Jefferson Scale of Empathy (JSE), developed at Thomas Jefferson University and used worldwide in studies of empathy, significantly decrease as they progress through their didactic and clinical years. This phenomenon, however, is not isolated to medical students. In a study of empathy conducted in 2012, Mandel and Schweinle demonstrated similar decreases in physician assistant students.

This alarming finding means there might not be good medicine without empathy. Empathy isn't just important to a patient's subjective experience of an office visit. A study by Dr. Hojat in 2011 found that physicians with higher scores had better A1c and LDL-C control in their patients. If its importance was dismissed before, it should be given much more attention now. Recently there has been a movement to characterize empathy as selfish and it deserves some attention. Dr. Fritz Breithaupt, author of The Dark Sides of Empathy and director of the Experimental Humanities Lab at Indiana University argues in an interview with NPR that empathy brings more benefit to the empathizer because they "feel less alone, they share experiences, they learn something." The impact of "feeling less alone," I believe, has been understated in his assessment. We are neurobiologically hardwired for connection. In an article published in Science titled "The Antiquity of Empathy" Dr. Frans de Waal, a Primatologist, categorizes empathy as the "main motivator of prosocial behavior" which may be "built around motor mirroring and shared neural representations at basal levels" which form "cognitive perspective-taking in large brained species." Empathy is deeply seated in the primitive parts of our brains and like branches of a tree reach to higher cortical centers. When suffering isolates, empathy brings a sense of being "known" that answers the brains call for belonging in both the empathizer and the sufferer.

Given that empathy is crucial to the medical encounter both in experience and outcomes and with the knowledge that empathy decreases throughout graduate education, I would like to propose three practical measures to increase empathy among students and practitioners. First, empathy is born in shared experience, however these experiences are difficult if not impossible to simulate in an academic environment. In the context of volunteering we are able to more fully experience pain, grief, and loss alongside our patients. These experiences offer us the opportunity to practice sitting "in" rather than "with" suffering. Second, as much as possible, support office practices that decrease provider workload and encourage time with patients. Stress and burnout are thieves of empathy. In a perpetual state of stress, the body's fight or flight mechanisms will prioritize self over others. You don't have to outrun the bear, you just have to outrun the person next to you. This mechanism is even strong enough to overpower the deep brain processes that fuel connection. These changes have to come from hospital/practice leadership but they can also be encouraged by a united clinical staff. Finally, recognize that it is not a failure to seem cynical at times. In fact, what we should fear is not the cynicism we notice but that which we are completely unaware. Having empathy for another is an outflowing of empathy you have for yourself. This requires being surrounded by fellow practitioners who can encourage and support you. Fight back against the pull of shared conversations which focus on frustrations and anger. If there's one thing I've become aware of in my second year of training, it is that medicine is a messy, frustrating, rewarding, and fulfilling calling we have answered and a privilege of which to be a part.

Adam O'Neill, PA-S, is a native of Battle Creek, MI, a delegate to the AAPA House of Delegates and President of the PA Student Society at Thomas Jefferson University in Philadelphia, PA.

Michigan PAs Attend the May 1st Capitol Summit

Mental Health Awareness Month has been observed in May in the United States since 1949. On May 1st, approximately 50 Michigan PAs gathered in Lansing at the State Capitol to talk with Senators and Representatives about PAs and how we can improve mental health access for Michigan residents.

A diverse group of PAs attended including PAs practicing in Psychiatry, multiple PA Program Directors, Family Practice PAs as well as PA Students. MAPA Executive Director Thadd Gormas and President-elect Ron Stavale, PA-C setup meetings with lawmakers. We broke up into 4 groups with PAs from different perspectives in each group and met with almost every member of the Health Policy Committee in the Michigan Senate and House of Representatives. After the morning advocating for PAs, we debriefed over lunch and shared the experiences and successes we had with these elected officials.

We were not aware then how impactful our meetings had been.

The most effective way for us to be heard is to be present and meet with our lawmakers face-to-face.

We found that all of the legislators are keenly aware of the shortcomings in Michigan's mental healthcare system. They were open to our thoughts on improving PAs ability to provide the much-needed access to psychiatric services. We briefed them on our draft legislation to amend Michigan's Mental Health Code. The next step, we suggested, would be to find a legislator willing to sponsor the bill to work with MAPA's Legislative Committee and other stakeholders to ensure acceptable language.

Our day did not end there. After lunch we attended 3 AAPA category 1 approved lectures that were focused on PAs and Mental Health Issues. Psychiatrist Michael Hunt, M.D., spoke on suicide, a topic that has been called 'The Silent Epidemic.' Suicide is a reality that we rarely discuss openly yet as health care providers we have the potential to intervene, and connect patients to the appropriate care. We laughed and at times held back tears as

he described how we are the front-line clinicians when our patients are in crisis.

Next, psychiatric PA Ken Gorney presented a history of PAs providing mental healthcare. Ken's perspective is shaped by 15+ years of mental healthcare experience and his previous military service as a combat medic. He outlined barriers that still exist for patients in the mental healthcare system and how to effectively interview a patient from the psychiatric perspective.

Finally, former CEO of the Michigan Health Plans Association, Rick Murdock presented an update on the Michigan ACE (Adverse Childhood Experiences) Initiative. Rick outlined the great degree of mental health problems that stem from adverse childhood experiences. Understanding these issues will help us identify needs, provide care, and be able to refer our patients for appropriate treatment.

The Capitol Summit ended with an evening reception honoring our Michigan Legislators. Senators and State Representatives from across the state attended to express their support for PAs. We presented House Health Policy Chair (Dr.) Hank Vaupel, DVM with

a well-deserved PA of Michigan Political Action Committee (PAC) contribution. Chair Vaupel has been a relentless champion for PAs since being elected 5 years ago to the House of Representatives where he is serving a second term as Health Policy Chair.

We continue to experience the tremendous impact of MAPA's 2019 Capitol Summit.

The most respected health policy thought leaders in the Michigan Legislature have asked to (co)sponsor our draft bill to include PAs in the Mental Health Code. Senate Health Policy Chair Curt VanderWall is already making plans to host a related workgroup meeting this Summer prior to the bill being introduced in the Michigan Senate.

Thank you to all of the 2019 PA advocates who attended the Capitol Summit, contributed to the PA of Michigan PAC, and/or met locally with their legislator(s)!

Submitted by Michelle Petropoulos, PA-C, MAPA Legislative Committee Chair

HIGHLIGHTS FROM THE 2019 HOUSE OF DELEGATES IN DENVER, CO

MOLLY PAULSON, CHIEF DELEGATE

AAPA CONFERENCE UPDATES

The American Academy of PAs (AAPA) annual CME conference was held in Denver in May, 2019. It offered a robust assortment of CME, networking, and advocacy activities. Here you will find an update of information from the House of Delegates (HOD) and other AAPA conference activities.

2018-2019 PA Legislative Accomplishments

American Academy of Physician Assistants (AAPA) President, Jonathan Sobel, DMSc, MBA, PA-C, DFAAPA provided an annual address to the HOD focused on legislative successes and the title change investigation by WPP.

He highlighted legislative successes including the announcement that PAs are now licensed to practice medicine in all 50 states, the District of Columbia, and all U.S. territories. Additionally, he highlighted recent state and federal legislation that supports Optimal Team Practice.

Optimal Team Practice (OTP), a policy passed by the HOD in 2017, supports collaborative medical practice between PAs, and other medical professionals minimizing administrative constraints that limit hiring PAs and creating barriers to PA practice. More information about OTP is available on the AAPA website. PA Sobel also summarized that several states recently passed legislation improving different aspects of PA practice including: changing laws from "supervised" to "collaborative" practice. Other states removed physician responsibility for PA-provided care, or improving or removing PA-physician ratios in certain settings. Additionally, states have streamlined licensure requirements, enacted harmonization legislation, adapted less onerous collaboration agreements, and authorized scope-of-practice decisions at the practice level.

Federal laws were enacted to permanently extend the buprenorphine waiver, allow PAs to manage and provide hospice care, and supervise cardiac and pulmonary rehabilitation. Recent legislation has been introduced to authorize direct payment from Medicare and authorize PAs to order home health care and diabetic shoes for Medicare patients. Finally, in summarizing legislative support of PA practice, PASobel referred to a report released by the U.S. departments of Health and Human Services (HHS), Treasury, and Labor that included several recommendations to remove barriers to PA licensure and practice.

Title Change Investigation (TCI)

A name change has been a hotly contested issue in the HOD for well over 10 years. The discussions have revolved around the fact the title "Physician Assistant" does not reflect the rigor of our education or the scope of professional practice, misrepresenting our skills to the public.

The consensus of those who have argued against the name change is the legal expenses and legislative changes necessary to implement a name change may be prohibitive, lead to loss of support from our professional and legislative allies, and put our legislative gains in PA practice at risk. In 2018, to better clarify the risks versus benefits of a name change, the HOD directed the AAPA Board of Directors to hire an independent PR and branding organization, WPP, to investigate what a name change might mean to our profession and report back to the House in 2019.

The WPP presented a summary of their findings, first to the House, and later to AAPA conference attendees at the opening session. WPP identified questions that needed to be answered:

1. Is there a need to evolve the PA brand based on an objective, well-informed, data and analysis-driven view of where it stands today?

2. If a name change is indicated, how should the profession redefine and reposition the PA "brand"? How is its' value is conveyed?

3. What title will best meet the future needs of the profession?

WPP reported their findings to the first question in their presentations. According to the data obtained from multiple surveys of all stakeholders of healthcare (PAs, PA students, physicians, hospital administrators, insurers, patients, and others), the name "Physician Assistant" does not reflect PA education, skills, or practice and that a name change might positively impact PA branding and recognition of skill level and expertise.

The next step in the process, according to WPP, is to "identify how Physician Assistants drive perceived value in healthcare delivery." This will assist WPP in understanding the "value" PAs provide as compared to other healthcare professionals, with "value" including measures of patient satisfaction, trust, efficiency of care, and increased access to cost effective care. With that information, WPP proposes to present their ideas on how to redefine and reposition the PA "brand" to convey the value of PAs and position PA to integral participants and shapers in the future of healthcare to the 2020 HOD.

WPP proposed a deadline of December, 2019 to complete their analysis and will provide their recommendations to HOD include the full quantitative research findings, brand positioning strategies, and an evaluation of related business and legislative cost estimates to HOD in 2020. At that time, the 2020 HOD will take up the debate and determine if and what the title change should be. For more information about the TCI investigation please see the AAPA website.

House of Delegates 2019 Summary of Actions

Reference Committee A reviewed and presented eleven resolutions having to do with wording and definitions related to the student academy, Board of Directors (BOD) as members of the HOD, election processes, term limits, House officer criteria, and clarification of roles within the BOD. Most were passed by consent, or were adopted after amendment.

Reference Committee B included twelve resolutions having to do with position papers on topics of concern to PAs. Many of the resolutions were clarified or simplified wording or to updated previously written policy papers due to new research, most passed after minimal wordsmithing. The topics included items such as the credentialing of PAs, PA professional impairment, human trafficking, and the use of complementary and alternative medicine.

Reference Committee C reviewed and presented fourteen resolutions on a variety of different topics including exploring evidence-based alternatives to the PANRE, recommendations on PA Program standards, and support for veterans interested in applying to and attending PA school. Additionally, the HOD recommended that the limit for CMEs available for preceptors be increased to 20 Category 1 CME/year for precepting.

Reference Committee D involved resolutions covering topics including transgender service members, genetics medicine, and healthcare accreditation organizations.

For more information about the activities of the 2019 AAPA House of Delegates please see the AAPA website for a full report or contact the 2019-2020 Chief Delegate, PA Janet Burns at janet.burns@michiganpa.org. The 2020 House of Delegates will be held at the AAPA annual conference in Nashville, Tennessee in May, 2020.

LINKS FOR MORE INFORMATION

- https://www.hhs.gov/about/news/2018/12/03/reforming-americas-healthcare-system-through-choice-and-competition.html
- https://www.aapa.org/tci
- https://www.aapa.org/about/aapa-governance-leadership/house-of-delegates/

Michigan Academy of Physician Assistants: Guide for the Pre-PA Student

Education

Bachelor's degree
Common Minimum GPA: 3.0
Common Required Coursework:

- Human Anatomy
- Human Physiology
- General Chemistry with Lab
- Organic Chemistry with Lab
- Biochemistry with Lab
- Microbiology with Lab
- Psychology
- Statistics
- Nutrition

TIPS & TRICKS
Apply Early
Exceed minimums
Research PA Programs
Be familiar with PAs

Direct Patient Contact

Minimum of 500-1,000 hours
Common Careers:

- Medical Assistant
- Paramedic
- LPN/RN
- EMT
- CNA

Activities

- Pre-PA Club/Society
- Volunteerism
- Shadowing medical professionals
- Medical Missions
- Leadership in organizations
- Attend PA Program Specific Information Session

Additional Documentation

- Personal Statement
- 3 Letters of Recommendation
- Academic, health professional, supervisor as references
- College Transcripts

Written by:
Ainslee Rubino, MS, PA-C
Student Liaison
Michigan Academy of
Physician Assistants
rubinoainslee@gmail.com

GRE (Graduate Record Examination)

- Register at http://www.ets.org/gre/
- Need PA Program specific GRE code (found on their website)
- Cost: $205
- When to take: 1-2 years before applying for PA school

CASPA

- Register at https://caspa.liaisoncas.com/applicant-ux/#/login
- Opens April 25, 2019 and closes April 15, 2020
- Program specific deadlines listed below
- Cost: the first school you apply to is $175, and each school thereafter is an additional $50.

PA School Application

For more information regarding specific admission criteria, accepted courses, GPAs or to apply, visit the website of one of the six Michigan Physician Assistant Programs. Common costs for PA school application: $50

Central Michigan University
https://www.cmich.edu/colleges/CHP/hp_academics/physician_assistant/Pages/default.aspx
Deadline: September 1

Eastern Michigan University
https://www.emich.edu/chhs/hphp/pa/
Deadline: September 1

Grand Valley State University
https://www.gvsu.edu/pas/
Deadline: September 1

University of Detroit Mercy
http://healthprofessions.udmercy.edu/academics/pa/grad.php
Deadline: January 1

Wayne State University
http://cphs.wayne.edu/physician-assistant/
Deadline: September 1

Western Michigan University
https://wmich.edu/pa
Deadline: December 1

COMMON AND UNCOMMON ANOMALIES WHEN REVIEWING A CBC

STEVE STONE PA-C
WEST MICHIGAN CANCER CENTER
KALAMAZOO, MI

The Complete Blood Count (CBC) is perhaps the most frequently ordered laboratory test in both the inpatient and outpatient setting with relevance that extends into each subspecialty. This readily available and affordable test is capable of unveiling innumerable conditions that range from benign ethic variances to malignant medical emergencies. Subtle findings can be particularly relevant to a physician assistant (PA) who is able to formulate a broad differential. This brief review is intended to address both common and uncommon anomalies that one may encounter when reviewing a CBC.

General Considerations

The first step when reviewing an abnormal CBC is to obtain and survey prior CBCs. The chronicity of the issue at hand is critical. This includes making an effort to obtain records performed at outside facilities that are not available for immediate review. The second step is to review the manual differential comments and consider a peripheral smear to verify automated findings.

Neutrophilia

There is considerable variability in absolute neutrophil counts in the asymptomatic normal population. A small subset of the population will be chronically neutrophilic or neutropenic and these chronic stable findings require no further follow-up. The most common reason for incidentally found neutrophilia is smoking which can persist for years after cessation. Obtaining an erythrocyte sedimentation rate (ESR) and C-reactive protein (CRP) can be helpful when trying to differentiate reactive neutrophilia from an underlying inflammatory process. Stress and exercise can also induce neutrophila, so a CBC should not be drawn immediately after strenuous exercise. Myeloproliferative neoplasms will often present with neutrophila and concomitant elevations in other cell lines. Simultaneous basophilia and/or circulating immature WBC forms raise the possibility of chronic myelogenous leukemia (CML), which is confirmed by the presence of the BCR-ABL translocation. Concurrent erythrocytosis can indicate polycythemia vera which is associated with the JAK2V617F mutation while thrombocytosis can indicate essential thrombocythemia which is associated with JAK2, CALR and MPL mutations.

Neutropenia

Nutritional deficiencies including B12 and folic acid should be ruled out initially. Reviewing the peripheral smear is important because morphologic abnormalities that are not accounted for with an automated CBC can reveal an underlying pathologic process such as myelodysplastic syndrome, especially in the elderly population. Acute myelogenous leukemia (AML), acute lymphoblastic leukemia (ALL), and chronic lymphocytic leukemia (CLL) will frequently present with bone marrow infiltration that impairs hematopoiesis, so severe neutropenia with concomitant unexplained anemia and/or thrombocytopenia frequently warrants a bone marrow biopsy. The presence of immature WBC forms, including blasts, would also warrant an immediate hematology referral and bone marrow biopsy. Ethnicity is a consideration for those with

chronic asymptomatic and benign neutropenia. Careful review of the patient's medications can reveal associated drugs. Psychotrophic and antiseizure drugs are frequent culprits. The triad of neutropenia, splenomegaly, and rheumatoid arthritis suggests so called Felty syndrome.

Lymphocytosis

Persistent lymphocytosis, especially in the elderly, should be investigated with peripheral flow cytometry. This assay determines whether the peripheral lymphocytes are clonal or polyclonal by flowing the cells, single file, through a laser beam. The light scatters and that pattern characterizes the cell surface markers. Leukemias and lymphomas involving the peripheral blood, CLL included, can be identified with this assay. CLL is frequently associated with peripheral adenopathy, but peripheral blood flow cytometry can confirm the diagnosis and a biopsy is not typically necessary. A peripheral smear may reveal smudge cells which are suggestive of but not diagnostic of CLL. The presence of lymphadenopathy and/or hepatosplenomegaly would suggest a possible underlying lymphoproliferative disorder as well.

Lymphopenia

This is a frequently noted on routine CBCs, and one should start by obtaining additional history. Lymphopenia can be seen in a variety of clinical contexts including but not limited to autoimmune conditions, inflammatory disorders and HIV. Asymptomatic lymphopenia does not generally warrant an exhaustive investigation. An initial workup, if pursued, would include ruling out HIV, assessing lymphocyte subpopulations and quantifying immunoglobulins.

Macrocytosis

Most PAs immediately think of B12 and folate deficiency when an elevated mean corpuscular volume (MCV) is noted. It is critical to expand the differential to avoid missing other significant pathologies. Hypothyroidism, select medications like hydrea and methotrexate, liver disease and alcoholism can all result in macrocytic indices with or without anemia. Not overlooking possible myelodysplastic syndrome, especially in an elderly patient, with an elevated MCV of unclear significance is paramount. Multiple myeloma, a plasma cell neoplasm associated with hypercalcemia, renal insufficiency, anemia and lytic bone lesions (CRAB features) can present with macrocytic anemia, so reviewing the comprehensive metabolic panel (CMP) is warranted. Another infrequently considered cause of macrocytosis includes reticulocytosis. Reticulocytes are slightly larger than mature RBCs and their presence will frequently increase the mean RBC volume represented by the MCV. Reticulocytosis would prompt additional investigation which would include obtaining a bleeding history and ruling out hemolysis with an LDH, haptoglobin, and DAT.

Microcytosis

Iron deficiency with or without anemia certainly leads the differential, but a few important points are worth mentioning. What constitutes a normal ferritin varies significantly between labs. One needs to consider the fact that a low normal ferritin <50ng/dL that is downward trending or associated with significant fatigue, and elevated transferrin/TIBC, pica or pagophagia (ice chewing) can in fact represent clinically relevant iron deficiency. Ferritin also acts as an acute phase reactant and can be falsely elevated, masking underlying iron deficiency. In these cases obtaining a soluble transferrin receptor, which would be elevated in the setting of iron deficiency anemia, can be particularly useful. It is also worth noting that the serum iron value itself is of limited clinical value when taken in isolation because of natural fluctuation based on meal timing. Iron deficiency anemia always warrants an intense search for an underlying cause. Treating iron deficiency without ruling out any underlying gastrointestinal pathology with an EGD/colonoscopy exposes the provider to potential litigation and the patient to preventable harm. Unnecessary protein pump inhibitor (PPI) use should be discontinued since this can contribute to iron deficiency in some cases. If iron deficiency has been ruled out then the differential expands to include anemia of chronic disease which is a diagnosis of exclusion and thalassemia. The RBC index is not particularly useful in routine clinical practice but it can suggest thalassemia when elevated in the context of microcytosis. Beta thalassemia can be investigated with hemoglobin electrophoresis but alpha thalassemia minor or minima can only be confirmed with additional genetic testing. This would be worth pursuing in a woman of reproductive age.

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Thrombocytopenia

Context is critical when evaluating thrombocytopenia. Severe isolated thrombocytopenia associated with petechiae, bruising, and wet purpura in an otherwise healthy patient or following a viral illness is suggestive of ITP. Transfusing platelets in this case is often to no avail and rechecking a platelet count 30 minutes later will frequently confirm lack of response confirming immune mediated destruction. HIV and Hepatitis C should always be ruled out with unexplained thrombocytopenia. Severe thrombocytopenia without any apparent bleeding diathesis should raise suspicion for improper collection and pseudothrombocytopenia. Redrawing the specimen would confirm a normal platelet count. Thrombocytopenia associated with microangiopathic anemia, a form of hemolysis that occurs in the microvasculature evidenced by schistocytes, would be suggestive of DIC, TTP, HUS or aHUS. This would require admission and a DIC panel and ADAMTS13 activity would be drawn. If thrombocytopenia is accompanied by immature WBC forms such as blasts, that raises suspicions for acute leukemia or its occasional predecessor MDS which would be diagnosed with a bone marrow biopsy. A 50% drop in the platelet count after receiving heparin would prompt a 4T score calculation and heparin induced thrombocytopenia would be considered. Medications including vancomycin, sulfamides, quinine and beta lactam antibiotics can induce thrombocytopenia. Thrombocytopenia in the context of a swollen extremity or shortness of breath can be indicative of a venous thrombotic event with resultant consumption. Chronic thrombocytopenia should prompt evaluation for splenomegaly and hypersplenism often secondary to chronic liver disease. Antiphospholipid antibody syndrome and paroxysmal nocturnal hemoglobinuria, both uncommon but severe thrombophilias, manifest in both venous and arterial thrombotic events as well as miscarriages in the case of the prior and can be associated with thrombocytopenia. A young patient with a lifelong and/or family history of thrombocytopenia may suggest an underlying familial syndrome. Type 2B von willebrand disease for example, characterized by abnormal von Willebrand factors that bind excessively to the GP1b receptor on platelet surfaces, is typically associated with a personal and/or family history of a bleeding diathesis.

Thrombocytosis

An elevated platelet count can often times be attributed to underlying inflammation or infection but can also be seen in the case of iron deficiency anemia or several hematologic malignancies. A sustained platelet count >450,000/microL, not associated with iron deficiency anemia, warrants mutation profiling. Essential thrombocythemia is associated with JAK2, CALR and MPL mutations. CML can rarely present with isolated thrombocytosis and should be ruled out as well with BCR-ABL testing. Splenectomy will frequently raise a patient's personal normal range and one would expect to see Howell-Jolly bodies and/or nucleated RBCs in the peripheral blood since the spleen originally removes them from circulation. Extreme thrombocytosis with platelet counts >1,000,000/microL can result in spontaneous binding and consumption of von Willebrand factors and result in bleeding rather than thrombosis.

Erythrocytosis

An elevated hg/HCT can be divided into primary and secondary polycythemia. Secondary causes include hypoxia associated conditions such as chronic lung disease, carbon monoxide exposure and obstructive sleep apnea. Rarely patients will be found to have erythropoietin producing tumors, most commonly renal cell carcinoma, that cause this paraneoplastic phenomenon. Testosterone supplementation, self-injecting EPO and blood doping are associated with secondary polycythemia. Primary polycythemia is caused by a mutation, most commonly JAK2 V617F, which is termed polycythemia vera. These patients will typically have suppression of endogenous erythropoietin. Patients with polycythemia vera are managed with hydrea and phlebotomies to maintain HCT <45% but there is no data to guide optimal HCT thresholds for secondary polycythemia.

The CBC is a frequently ordered test that can unveil many underlying conditions, both benign and malignant. PAs need to be able to identify common anomalies and distinguish between what does and does not warrant a hematology referral. We also need to make ourselves available to one another when uncertainty arises. As a practicing hematology PA I am eager to help and welcome case based discussions at any time. I can be contacted at stevestonepac@gmail.com or 269-598-9477.

CREATING AND LEADING COHESIVE TEAMS

SUSANNA STORENG, DMSC, PA-C

With the goal of Optimal Team Practice (OPT) for PA's in all states, a need to create cohesive teams is apparent. Team cohesion relies on several factors. Borkowski (2016, p340-1) notes that a group of five team members, who have had success as a group in the past, feel that they are part of the "in group" and sense an outside threat to their goal accomplishment are the principal elements of team cohesion. They further note that all groups are not teams. An assembly of a "special group" with "highly defined tasks and roles and demonstration of a high group commitment" are needed to develop a team (p332).

This definition and structure is a great description of how we hope our work teams function. Developing a group of workers into a cohesive team should be done with diligence. The professionals assembled should have varying skills, particular expertise and complementary attributes. Persons with previous demonstration of effective communication, successful patient quality outcomes, and have excelled in a productive workplace relationship will likely do so in the future. These cohesive units are more productive (Borkowski 2016, p341).

- Huhman (2013) further explores ways to build a cohesive team including:
- Establishment of a mission.
- Assembling a diverse team who demonstrate and utilize individual strengths but work on team-building exercises.
- Communicate effectively, including giving and asking for feedback.
- Celebrate success together.

Leadership is also important in this endeavor. In his TED Talk, McChrystal (2011) states that "leaders can let you fail but not be a failure." He further describes that "I have to trust in them and vice versa to build their faith," explaining that if a trusting and open relationship is not established the entire team fails. This always comes back to transformational leadership which has been associated with cohesive teams, efficiency and greater performance and productivity (Muhammad et al, 2017). This idea of being mission driven and motivating to empower staff for a common goal is the foundation of what McChrystal describes in his "listen, learn and then lead" message.

To be a leader you need a team, the team needs to be cohesive to be most efficacious, and diversity within the group will likely make it more dynamic and effective.

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AAPA CONFERENCES
LEADERSHIP & ADVOCACY SUMMIT MARCH 5-7, 2020
ALEXANDRIA, VA
ANNUAL CONF. MAY 16-20, 2020
NASHVILLE, TN

NATIONAL PA WEEK
OCTOBER 6-12, 2019

SPRING CME CONFERENCE
MARCH, 2020

CAPITOL SUMMIT
MAY, 2020