YOUR VOICE. YOUR PROFESSION.

MICHIGAN PA

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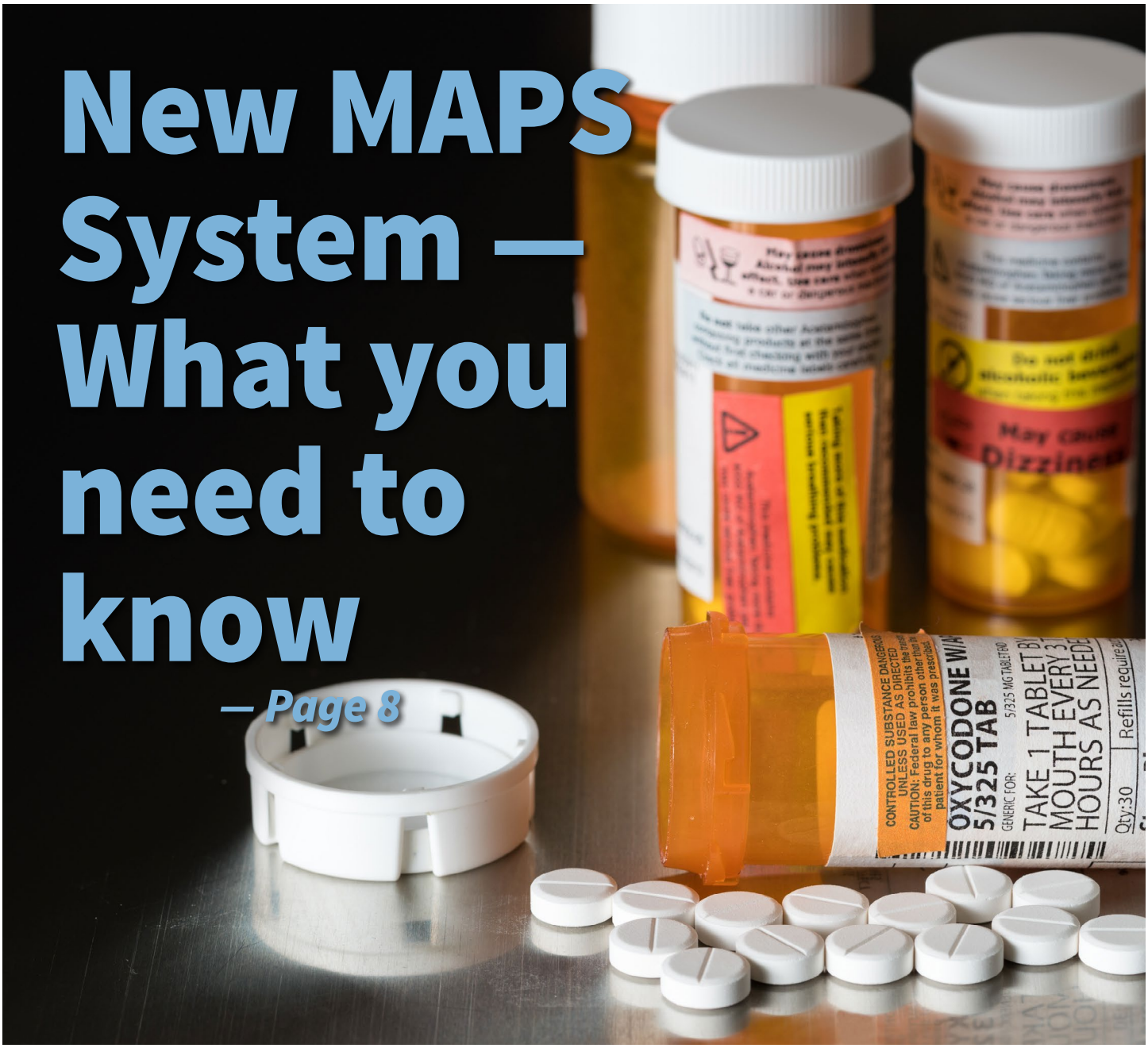

New MAPS System — What you need to know

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MICHIGAN PA

YOUR VOICE.
YOUR PROFESSION.

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MICHIGAN ACADEMY of PHYSICIAN ASSISTANTS

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Your Newsletter Editor's Corner

The MAPA of Board of Directors is very pleased to see the positive receptivity of our recent Spring conference in Midland, MI. It was a great venue and the number of attendees tells us so, this year we had 95 attendees, whereas in 2016 in Frankenmuth, MI, we had 62 attendees.

The presentations offered something for everyone that attended. The distinguished faculty from their respective fields gave us a range of great topics.

Whether you wanted to keep pace with new developments in medicine, stay current with the ever emerging body of knowledge or even track the latest trends in the marketplace, we can humbly say we delivered those to all the participants of the conference. Again, our MAPA's CME committee accomplished this by providing you with leading speakers in their respective fields as already said.

In addition to high quality CME, another highlight of the conference for all attendees was the wine tasting reception hosted that evening, giving ample time to reconnect or reunite old acquaintances while striking new friendships and/or network with others(i.e. speakers, vendors, etc) all over a great assortment of refreshments.

As any nutritionist would say: "you're what you eat." But I would dare to say if you asked any of the 95 Spring Conference attendees, they would say: "you're what you learn." I for one couldn't agree more. What goes into your body is important, but just as important is "nourishing" your clinical mind. That we did, and if that wasn't enough, we still have some more nourishment in this installment for you…so go ahead enjoy the set of articles included.

Remember…we are continuously accepting articles, commentaries, review articles summarizing published literature. These are subject to layout or grammatical editing for content and accuracy. Opinions expressed in this medium are not necessarily those of MAPA, moreover, nor inclusion of products or services in this or any future newsletter establishes endorsements of such.

Cordially yours,

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

President's Message

Passing the Torch

As the start of the summer season looms, so does the end of my presidential term. Every July 1st, the MAPA board continues to evolve with a change at the top. I have been a part of MAPA's board of directors for the better part of the past decade and have served as a chair of the Communications and Membership Committees, as Region 4 Representative, Secretary, President-Elect and now, wrapping up my term as President; and will soon be filling the role of Immediate-Past President. I have immensely enjoyed my time on the board, serving Michigan PAs and vow to continue lending my voice for PAs as long as that voice is needed.

Over the years, I have been asked "why are you a MAPA member" or "what led you to volunteer for MAPA." The most common answer has always been 'to fight for PAs legislatively, to better our practice environment, or because I was looking for answers to fight back on some rule or legislative slight toward PAs at my practice.' I became a MAPA member because I felt it was a necessary commitment that I needed to provide to PAs in MI. I obtained my PA degree from the University of Saint Francis in Ft. Wayne, IN. At the time of my schooling, IN was one of only 3 states that didn't have prescriptive authority for PAs. It was very evident to me while on rotations that a voice for PAs would be needed to educate physicians and legislators as to what we PAs actually can do. I volunteered because I wanted MI to be the best work environment possible. I have enjoyed working with some very dedicated, intelligent and innovative men and women on MAPA's board over the years and I am very proud of what we've accomplished. Our profession is changing, as are our needs as a profession and our Academy. There may be different or more pressing matters that drive you to join or volunteer in your Academy.

The biggest change our profession has seen here in MI in decades happened just this past spring. Public Act 379 went into effect in March and changed the landscape of health care for PAs in MI. The new legislation removed the terms 'supervision' and 'delegation' while reiterating our desire to practice with a 'participating physician' under a team-based approach as directed under our new 'practice agreement.' This new legislation also elevated our prescribing status to a 'prescriber', as PAs no longer write prescriptions under the delegation of a physician. This legislation also leads MI ahead of the nation as the trailblazers for modernizing our profession. This fact was acknowledged at the AAPA 2017 convention in Las Vegas, NV when MAPA received the 2017 Outreach and Advocacy Award!

Our new legislation is just the tip of the iceberg as to the rapid evolutionary changes in store for PAs across the US and here in MI. As many of you know, there has been ongoing strife between the AAPA and the NCCPA. The two big topics of conflict appear to be on recertification and how that will look in the future (think CME changes, testing, etc) and the lobbying efforts by the NCCPA in numerous states, where states are trying to pass practice-enhancing legislation. The NCCPA has gone in and undermined legislation due to concerns over lack of requirements for recertification in these states. The fight is not dying down, but rather it is just firing up, leading to what appears to be an inevitable break in relationship as AAPA is looking into funding its own certification body. You may be thinking that this doesn't affect MI, but it does. There has been word that the NCCPA has considered sending a lobbyist to MI to get involved in the MI Medical Board rule writing, now that our bill has been passed. MAPA is working closely with our physician counterparts and keeping a close watch on NCCPA activity in MI. The AAPA voted at the 2017 AAPA conference in Las Vegas to push for 'Optimal Team Practice', a new policy that is very similar to our recently passed legislation. There appears to be a push for PAs across the country to step up to the challenge of practicing to the fullest of their abilities through new state laws and stand with our partnering physicians to provide better access to quality medicine. We at MAPA would like to help with this push by getting more PAs involved on hospital boards and help develop leadership skills needed to thrive in administrative environments.

As our profession transitions to the next evolutionary stage in its development, MAPA will be there to ensure MI PAs are still working in the best possible work environment for PAs. However, those volunteers that brought us this far won't be around forever. As I see my tenure on the board coming slowly to a close soon, I am hopeful that many of you are ready to step up and take the torch and lead us into our next stage of professional growth. We need your fresh set of eyes, fresh ideas and untapped passion to take us to the finish line.

Sincerely,

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

President-Elect's Message

Getting to know your new MAPA President

LITTLE ABOUT ME

I am very excited and honored to be president of such an amazing organization! I follow in the footsteps of some truly accomplished leaders and innovators who have helped shape the climate for our profession in Michigan. I am no stranger to organizational board of directors. Prior to becoming a PA, I practiced as a nuclear medicine technologist for 4 years. During that time, I served on the BOD representing nuc-med techs in southeast Michigan. While still working in nuclear medicine I was nominated by my good friend Jon Otzman, now Executive Director for YMCA Flint area, to be on the BOD of the South Oakland Family YMCA in Royal Oak. At the YMCA, I helped out on many activities and programs to help the local community and was fortunate to be Chairman of the Strong Kids Campaign. I so enjoyed what I was doing on the board for the community, and I was honored to be awarded the volunteer of the year award! These humbling experiences shaped my desire and passion to take ownership in my profession and to help those in the community. I will start off my term as president with a new addition to my family. On May 5th, my wife Julie and I along with our 14-month old son Christian welcomed our precious new daughter Harper into our lives!

HOW DID YOU BECOME INVOLVED WITH MAPA?

Call me a bit crazy, but I was involved with MAPA as a PA student! Having a future MAPA President as a professor (Dave Doan) may have had something to do with it. I was part of the SAAAPA organization at Western Michigan University. Our group had accomplished many great things including: creating care packages for deployed soldiers in the armed services, volunteering at a health fair in an underserved community just to name a few. I eventually expressed interest in the MAPA legislative committee and then as a student, I was attending committee conference calls! A short time after graduating, the opportunity to run for Region 6 Representative presented itself and I jumped at it. From there I became Secretary and then ran for President-Elect.

WHAT DO YOU HOPE TO ACHIEVE AS PRESIDENT?

As president, I will continue the award winning progressive practice environment for PA's in Michigan. I plan to help our legislative committee with the modernization of the Michigan Mental Health Code. Working with Michelle Reid M.D. and the Mental Health Code Task Force, we will seek to include PA's in the Mental Health Code to help eliminate potential barriers to care for patients and to improve practice environment for PA's. I will also be implementing a leadership committee at MAPA which will serve to help provide resources and

educational opportunities for our current PA leaders through out our state. The committee will also identify and develop future leaders for MAPA. As president I will oppose any effort by any organization to undermine the practice environment of PA's.

Working with the MAPA BOD and our new Executive Director, Thadd Gormas, I pledge to be an advocate for all PA's in the state and work very hard toward advancing our profession.

John R Young, PA-C
MAPA President-Elect

MICHIGAN ACADEMY of PHYSICIAN ASSISTANTS

MAPA Mission

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

MAPA Vision

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

MAPA Values

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

Michigan Launches New Prescription Drug Monitoring Program to Help Prevent OPIOID ABUSE

As part of Michigan's multi-faceted strategy to prevent opioid abuse, the state has launched a new Michigan Automated Prescription System (MAPS). **Appriss Health's** PMP AWARxE, replaces the old MAPS and puts Michigan at the forefront of prescription drug monitoring technology.

Gov. Rick Snyder formed the **Michigan Prescription Drug and Opioid Abuse Task Force** in June 2015 and one of their key recommendations was to update and replace the problematic MAPS platform. The governor also established the Prescription Drug and Opioid Abuse Commission to continue the work initiated by the task force. In addition to the new system and the work of the commission, the Snyder Administration along with a group of bipartisan legislators, **recently unveiled a comprehensive legislative strategy** focused on building on the state's current efforts to tackle the opioid crisis that plagues our communities.

"Replacing the outdated MAPS is central in our fight against the opioid epidemic that has been so tragic for Michigan families," said Lt. Gov. Brian Calley, who chaired the task force. "The modern system gives prescribers and dispensers state-of-the-art tools to make more informed decisions, intervene earlier and spend additional time with patients and customers."

The new MAPS provides the state's prescribers with a user-friendly portal, making it more efficient for practitioners to obtain information of controlled substances and Schedule 2-5 drugs that have been dispensed. Prescribers include dentists, physicians (MD, DO), physician assistants, podiatrists, optometrists, veterinarians and advanced practice registered nurses under delegation. The MAPS portal is administered by the Department of Licensing and Regulatory Affairs' (LARA) Bureau of Professional Licensing.

"The successful and timely launch of the new MAPS was a direct result of the collaborative efforts between the State of Michigan, legislators and the medical community," said LARA Director Shelly Edgerton. "We're hopeful prescribers and practitioners from across the state will utilize this powerful system to effectively measure a patient's potential danger in abusing these addictive drugs."

A $2.47 million appropriation from the state legislature gave LARA the opportunity to begin replacing the old MAPS in 2016 and a $2.02 million appropriation was later granted for ongoing maintenance and support of the new system. LARA's six-month implementation culminated with the new system's launch on April 4, 2017.

"We are proud to partner with the State of Michigan on this system that will provide practitioners with a widespread exchange of information and advanced analytics to efficiently identify patient drug abuse," said Rob Cohen, president of Appriss Health, provider of the nation's most comprehensive platform for substance use disorders.

Benefits of the new MAPS include:

- The new PMP AWARxE platform has the fastest response time in the drug monitoring industry. Record lookups that once took up to 10 minutes now are completed in seconds.
- A dashboard provides patient alerts, recent request history and the ability to maintain delegate user activity within the prescriber's main account.
- Patient report requests include seamless interstate data sharing. Patient reports include prescription history, prescriber and dispenser information that can all be provided in a complete summary.
- Real-time data uploads occur during the day versus the current process of batched data uploaded nightly.
- Online tutorials are available for providers using the system for the first time.

In partnership with Appriss and the State of Michigan, Kroger Stores' 105 Michigan pharmacies have fully integrated MAPS data and advanced analytics into their workflow to better address and protect citizens from prescription drug abuse.

"I would like to thank Kroger for their investment and efforts to make it possible for pharmacists and practitioners to access and use MAPS data in their workflow and I am hopeful other large pharmacy chains and hospital systems will also soon fully integrate with the new system," added Calley.

More information on the new MAPS can be found at the following resources:

- **MAPS Login Site**
- **MAPS AWARxE User Registration Guide**
- **Bureau of Professional Licensing MAPS resource page**

ABOUT APPRISS HEALTH

Appriss Health provides the nation's most comprehensive platform for early identification, prevention and management of substance use disorders. **PMP AWARxE** is a prescription monitoring solution that provides state government agencies with accurate, real-time data, compliant with their regulations. Active in 43 states and territories, Appriss Health's prescription monitoring solutions lead the nation in prescription data monitoring.

And the Winners are . . .

2017 MAPA BOARD OF DIRECTORS

ELECTION RESULTS

Thanks to all of you who submitted your votes by the May 31st deadline date.

Congratulations to the following candidates:

President-Elect
Karl Wagner, PA-C

Secretary
Janet M. Burns, PhD, PA-C

Region 1 Representative
Brian Guindon, PA-C

Region 3 Representative
Kate Schisler, PA-C

Region 5 Representative
Samantha Danek, PA-C

AAPA Chief Delegate
Jodi Zych, PA-C

AAPA 2018 Delegates
Julia Burkhardt, PA-C
Janet Burns, PhD, PA-C
Heather Sutton, PA-C
Donna Hines, PA-C
Mary Huyck, PA-C
Sandra Keavey, PA-C
Steven Myers, PA-C
Zarna Patel, PA-C
Molly Paulson, PA-C
Ron Stavale, PA-C

All candidates are MAPA members in good standing.
Elected candidates' term start July 1st.

Pet-Facilitated Therapy and Health Benefits

Janet M. Burns, PhD, PA-C

Introduction

The human-animal relationship is well documented throughout history, across cultures, and in recent research. It has been reported, "over half of all households in the United States have a pet, and more households have more pets than children." People "believe that pets are important." They are raised for food, protection, and to assist humans with work and for companionship. At times, the strength of the relationship allowed the animals to assume roles and become members of families. This is evidenced by the growing pet industry and the number of pet products available to feed, clothe, house, and entertain them.

In 1977, the Delta Society was formed to promote research related to human-animal interactions and to encourage the use of animals in health care. It was termed "animal-assisted therapy" and considered "an integral part of the treatment process." The organization has detailed guidelines for pet visitations and aims to "foster rapport and initiate communication" between humans and animals. Since this time, there have been other organizations that perform similar work, i.e., Therapy Dogs International (TDI) and Therapy Dogs, Inc.

There are also skeptics who question whether humans can benefit from having interactions with animals. This was the basis for an evidence-based research paper developed for a class while I was a PA student at the University of Detroit-Mercy. The following information is a summary of this research paper.

Clinical Question

In pet-facilitated therapy, what are the health benefits found in patients who have had human-animal interaction compared to patients who did not have the human-animal interaction?

For the purpose of this article, pet-facilitated therapy (PFT) will be the term used, as an umbrella term, for any reference in studies involving animal-assisted therapy and "animal-assisted interventions" which are used in the therapeutic healing of patients.

Summary of Review of Literature

One research study found that bacterial, viral, parasitic to mycotic diseases and infections, called "zoonoses", can be contracted from vertebrae animals. However, the risks were small and could be reduced if simple steps were taken. The study mentioned that it appeared there was a significant difference between "what people can get from animals and what they do actually get" and the claims of health risks in PFT were "often exaggerated." A trend to own more exotic pets and being immunosuppressed, such as persons with HIV or persons undergoing chemotherapy or organ transplantation, increased these chances for transmission. Those particularly at risk included the very young and the very old. Among popular pets used in therapy sessions, dogs appeared to potentially transmit the greatest number of zoonotic diseases.

When human-animal contact was studied, having an allergy to animals was cited as being one of the risks from this interaction. One research study reported that there were only a small percentage of people who had an allergic reaction due to pet dander. These individuals had symptoms of nocturnal wheezing, cough, asthma, rhinitis, and conjunctivitis. Careful selection of the animal, a controlled environment, and getting an accurate patient history were cited as helping to reduce the risk of an allergic reaction in patients.

Another research study found that animal-induced accidents were an important risk in human-animal interactions. More specifically, animal bites were cited

continued

to have the greatest risk due to the severity, frequency, and cost associated with them. The researchers were not able to obtain a definite figure for dog-bite incidences. Most of them were unreported. However, the study did note that good temperament and training was important and especially in troublesome breeds of animals.

In another study, PFT was evaluated for its impact on pain intervention in immunocompetent children. These children were 3-17 years old and hospitalized in an acute pediatric unit with an established PFT program. The researchers also evaluated the impact of PFT on vital signs and determined whether there was a relationship between pain response and demographic variables such as age, gender, previous PFT experience, and pet ownership.

The children participated in a number of 15-20 minute sessions, with a PFT dog and handler, and completed a pain scale before and after each session. Their blood pressures, respiratory rate, and pulse were also taken. In addition, parents were asked to rate their child's pain using the same pain scale and without hearing or seeing the responses from their children.

As a result of the study, baseline data for vital signs had similar findings in both the intervention and control groups. The participants in the intervention group experienced a significant reduction in pain level after a study session. This was also true for the parent's perception of their child's pain. Although blood pressure and pulse were not impacted, respiratory rates became significantly higher in the intervention group. When evaluating if there was a relationship between the pain response and select demographic variables, i.e., age, gender, previous PFT experience, or having a pet at home, there were no significant differences.

In another study, a researcher looked at patients who were undergoing non-palliative radiation therapy and to what extent dog visitations affected their mood, self-perceived health, and sense of coherence. Patients had 15-minute sessions with the same dog, three times per week for four weeks; and each participant had their same appointment at the same time each day. They were given a questionnaire at the beginning and end of each PFT session.

There were no significant differences in age, gender, race, education, or cancer site within the intervention and control groups. In addition, there were no statistically significant differences found in mood, coherence, or self-perceived health between groups. However, participants felt that individually their health had improved over the four-week period. The researchers recommended that the study warranted replication with a larger sample to determine applicability of PFT activity in cancer patients undergoing radiation therapy.

Another researcher reviewed a number of articles to determine the effectiveness of PFT in patients with dementia. There were several studies that found that the use of PFT offered more than companionship to them. The animals contributed to a person's bio-psychosocial wellbeing, lowered blood pressure, encouraged physical movement, stimulated the social environment with the patient becoming more responsive and interactive, and reduced the number of inappropriate and annoying behaviors and incidents of irritability, poor sleep, and aggression. They also assisted patients with reliving pleasant memories of past pet ownership.

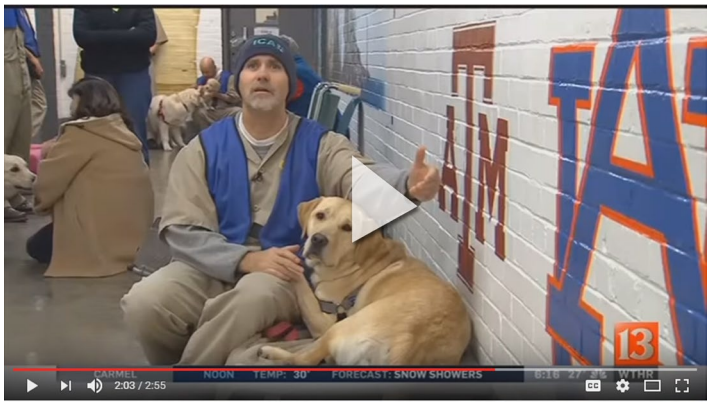
However, the researcher also found studies that indicated there were no significance differences in the use of PFT with dementia patients. Some findings found that there was an increased in response and interaction

due to a lack of visitors; or the human presence of the handler, rather than the dog that influenced the responses in patients. Many of the studies were anecdotal and had results that were based on a limited sample size. Based on the review of literature, the researcher reported, "the attachment between animal and patient was unconditional and less complicated than human relationships." It was recommended that continued research be done on the use of PFT in care of dementia patients.

Another research study was conducted on prison inmates who participated in the Indiana Canine Assistant and Adolescent Network (ICAAN). This non-profit organization trains and places service animals in juvenile and adult correctional facilities. While in residence, the dogs learn a number of tasks that can assist people with activities of daily living. When the dogs complete the program, they are placed with children who have physical disabilities.

Inmates who participated in the program had an unstructured interview and answered three guiding questions: 1) What is the experience for the offender participating in the canine program; 2) What benefits does the offender believe he has gained through this participation; and 3) How has the experience of participating in the ICAAN program affected the offender? The interviews were conducted at one correctional facility and audio taped.

As the result of the data collected, six themes seemed to emerge: 1) Patience, 2) Parenting Skills; 3) Helping Others, 4) Increased Self-Esteem, 5) Normalizing Effect, and 7) Calming Effect on the Environment. The participating inmates felt they learned patience by working with the dogs and this skill was transferred to their interactions with people. All of the participants felt that they had developed a relationship with their assigned animals and felt a responsibility for them. They believed these skills would be beneficial in their roles as parents. The participants especially enjoyed the opportunity to help someone else. They also felt it was an honor and privilege to be a part of the ICAAN program which they said boosted their self-esteem. The participants indicated that the program had a normalizing and calming effect on the institutional prison setting and made the inmates feel like they were at home. They felt the presence of the dogs made the environment more comfortable for everyone. Overall, the researchers felt that the ICAAN program was a success. They reported improvements in self-esteem, social skills, communication skills, and patience among the participants, which they believed would have a positive effect on their lives outside of prison.



Implications for Clinical Practice

The purpose of this article was to explore PFT and determine whether people who have experienced human-animal interactions had any physical, social, emotional, and/or cognitive benefits to their overall health.

continued

Pet-Facilitated Therapy *continued*

From the review of literature, studies were found to demonstrate that humans are relational beings and there is a role for PFT in clinical practice. Although not for everyone, PFT can meet many of core physical, therapeutic, and psychological needs to enrich people's lives. It can be used as a stand-alone modality or as an adjuvant to patient care. The animals can provide the pleasure and relaxation during times of uncertainty and stress, deep affection and steadfast loyalty as companions, and their attachments with humans can bring comfort and joy to children as well as adults. They can contribute to healthier, happier, and even longer lives.

Some clinicians may have a few concerns or contraindications about initiating or even continuing PFT such as patients having a fear of animals, expressing a disinterest in animals, or patients not treating the animals in an appropriate manner. Some patients' medical conditions may prohibit them from being exposed to animals because it would worsen their health. They may also have concerns about the transmission of zoonotic diseases, dog bites, and the need for a code of good practice to ensure hygiene standards, protection of participants, and the welfare of animals.

With additional knowledge, communication, and experience, it is believed that more opportunities will be realized in the future to further implement PFT into clinical practice. Further research is still needed to learn about medical conditions and patient populations that are most effective with PFT, suitable settings, characteristics and species of animals, and long-term effects of PFT. This will allow for continued support and integration of PFT in clinical practice.

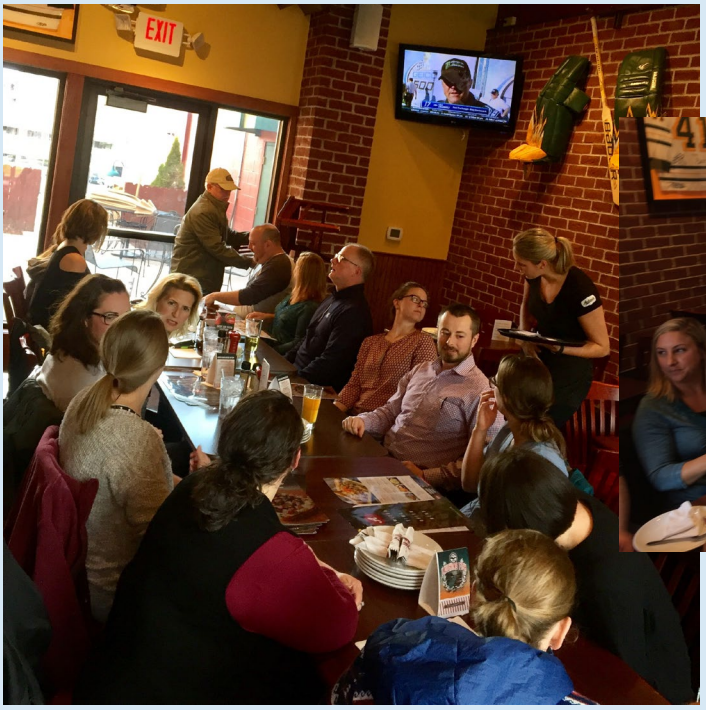
References Available Upon Request

Janet M. Burns, PhD, PA-C lives and works in Brighton at Livingston Internal Medicine. For the past 17 years, she has adopted rescue cocker spaniels and trained them to be registered and certified therapy dogs by Therapy Dogs International (TDI). Her current companion is 11-year old, Ellie.

MAPA Region 1 Meeting

On May 9th in Marquette Michigan, MAPA met with 20 Upper Peninsula PAs to discuss the new PA legislation, Public Act 379, its effect on PA practice, and the process of its implementation.

The meeting also featured outgoing Region 1 Rep Michael White with MAPA Legislative Chair Ron Stavale welcoming incoming Region 1 Rep Brian Guindon of Escanaba.



AN INTERVIEW WITH ONE OF THE MANY GREAT PAs THAT WORK IN MICHIGAN

Chris Noth, PA-C, FAPACVS

Rheannon MacDonald, PA-C is a PA who works in Electrophysiology and is as passionate a PA as you will ever find. She has been in Michigan her entire professional life and is the type of PA that is invested in her profession and in MAPA. Below is an interview of what a typical Michigan PA is like and answers why the PA career is the right choice for her.

Q1. What did you do before PA school?

A1. Before PA school, I worked as a Medical Assistant at an Allergy & Asthma Clinic and on my off days, one day a week for an orthopedic spine surgeon.

Q2. Why did you decide to become a PA?

A2. I took a 'Careers in Health' class when I was in high school and I thought of becoming a nurse or possibly pursue medical school. I decided to become a PA after I spent one day with a PA at Hurley Medical Center in Flint. After meeting this PA for a 'day on the job,' I was sure I found my calling. I was immediately drawn to the direct patient care, decision making and autonomous job description this profession offered; it seemed perfect for me. I witnessed the interaction and connection the PA held with the patient and the access that he had with his attending physician for questions and opinions and the added support.

Q3. Why did you choose Cardiology as a field to practice as a PA?

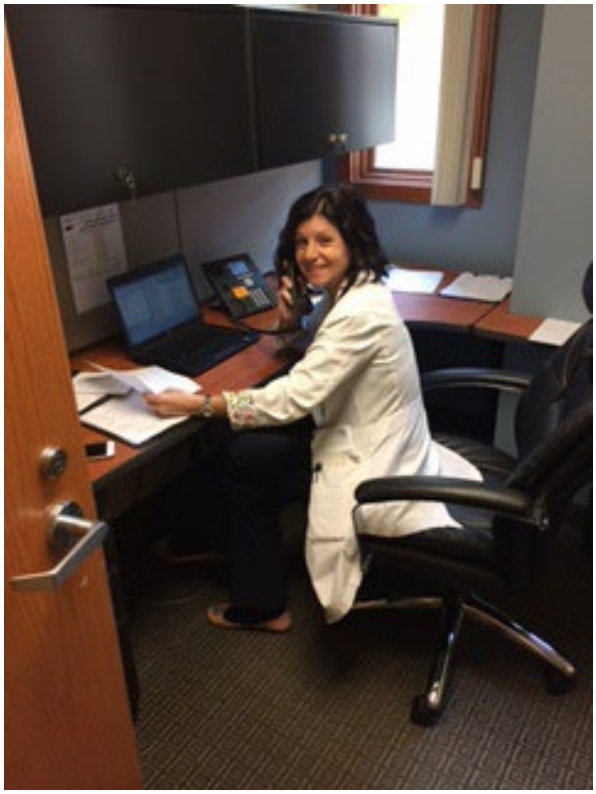
A3. I chose the field of Cardiology right out of PA school in 2004, because it was an area I truly had a passion for. Like most people, whether family members or strangers, you knew someone or ran into someone with heart disease. It was an area of medicine that I felt was relatable to the majority of the population and it was fascinating to me as to how the heart works.

Q4. How many different PA jobs/areas of practice have you had?

A4. I am currently in my third job as a PA; all have been in the Cardiology field. I started in a small private practice group, moved to a larger private practice and currently work in a hospital based heart institute in Electrophysiology (EP).

Q5. What interactions have you had with other medical groups in patient care?

A5. Interaction with other medical groups have been daily occurrences- from physicians, nursing, technologists/technicians, MA's and support staff, all have been very supportive. For the most part, physicians are knowledgeable and appreciative of the PA role, in how we can help and support their practice and impact patient care. I think nurses, MA's and other support staff appreciates the bridge that PAs form between physician and patient. I have several times had to or preferred to reach out to primary, specialty or



hospitalist physicians to communicate the Cardiology/EP plan, so that they are fully aware of our treatment plan or feedback and received gratitude in return for reaching out to them. I think that the PA role is very well understood, appreciated and supported.

Q6. What are the challenges you face in your position?

A6. As a PA, you are faced with challenges on a daily basis. You can get several issues, many of them urgent in nature, coming at you all at once and I found that by multi-tasking I can handle them. Prioritization is a must to being efficient and thorough. As arrhythmias occur, lab values resulted as abnormal or alarming, your judgment comes into play, deciding which issue to tackle first while being efficient. It is also important to take care of those patients or issues directly, either interpreting an EKG in person or in direct communication with a nurse. It is of utmost importance that orders get placed and carried out appropriately as well for the scheduling of procedures to go smoothly. If I am involved with scheduling an EP procedure, be it an ablation or pacemaker/ICD implantation, due diligence and attention to detail is a must.

There is learning that happens every day, whether it is when I am rounding on the floors, caring for inpatients, answering phone calls and reviewing labs, or seeing patients in the A-fib clinic. I was once told by one of my favorite mentors when I was in PA school (Frank- you know who you are), that "you should never feel 100% comfortable in your job, otherwise you will miss something." I strive every day to learn something new.

Q7. What was your worst day and your best day?

A7. My worst day was probably not surprising, but when we lost a patient after coming in with post-cardiac arrest. The patient had a prolonged 'out of hospital arrest', and this stacked the odds against him. Despite getting him to the cath lab within 35 minutes, this younger patient did not survive.

My best day was probably a day in which we had a very sick patient make an incredible recovery while hospitalized. After presenting as an acute STEMI and getting him to the cath lab quickly, he underwent successful PCI. Prior to discharge, it was clear he would not be able to afford his essential medications; he did not have insurance and was on a very low fixed income. Along with the case manager and a local pharmacy, we were able to get him the essential cardiac medications he needed. He was so very grateful, he teared up, thanking me for the help put forth in his care. You never forget those moments when you can see the look on patient's faces, knowing that you truly made their day. It reaffirms your commitment to the PA profession and gives you solace that the work you do does matter.

Q8. How has MAPA helped you in your career as a PA?

A8. MAPA has helped me in my PA career in many ways. I have been a member since 2002, first as a PA student and then as a fellow after graduation. I have utilized MAPA for career searches and job postings and for the Spring and Fall conference(s) information. It is a

continued

great resource for local questions, updates and topics regarding changes in recertification and legislation.

Q9. Would you pursue a career in PA studies again?

A9. Absolutely, without question I would pursue a career as a PA if I had to do it all over again! It has been exactly what I was always looking for in terms of being able to provide quality care to patients, having autonomy, but yet the support of physicians and their expertise. It has been such a growing experience to be able to learn from a large variety of cardiologists and electrophysiologists and from the patients themselves. Opportunities such as these, I do not take for granted or lightly. I feel privileged to be able to continue to partake in 'on the job training' which helps me grow as a PA and a person.

Q10. How do you balance work and home life?

A10. A balance of work and home life is complicated and let's be honest, it can be difficult at times. As a wife and mother, finding the balance of taking care of your children and the pressures that you put upon yourself to do a good job of raising your family is essential. This is especially evident as your kids get older and are more involved in activities. The balance starts with planning, coordinating and having a fantastic support system. Between my husband, parents, in-laws and neighbors, everyone's helping hand plays a huge role. At my workplace, my co-workers and physicians are very supportive of a family life and this is something that is rare, but greatly appreciated. In my position, I work four 10-hour days, and I am able to use that fifth day to catch up on housework, be present for my kids at sports or school functions or volunteer. Being able to get them on or off the bus and help them with homework helps me feel like I have a pretty good balance.

Q11. Any words of wisdom for PA students or for newer practicing PAs?

A11. First of all- "it gets better and it's okay to feel uncomfortable and nervous as you are in clinical rotations or in your first year of practice." Be confident, yet humble; your best teacher will be the patients you treat. Be eager and ready to take a chance, yet not too pushy or aggressive. There are times to sit back and absorb and other times to step up and do something that makes you uncomfortable. You will learn from being put on the spot, you will grow from being asked to take care of something on your own, but ultimately, these are the steps that will help you evolve into a confident healthcare practitioner.

Quotes I appreciate:

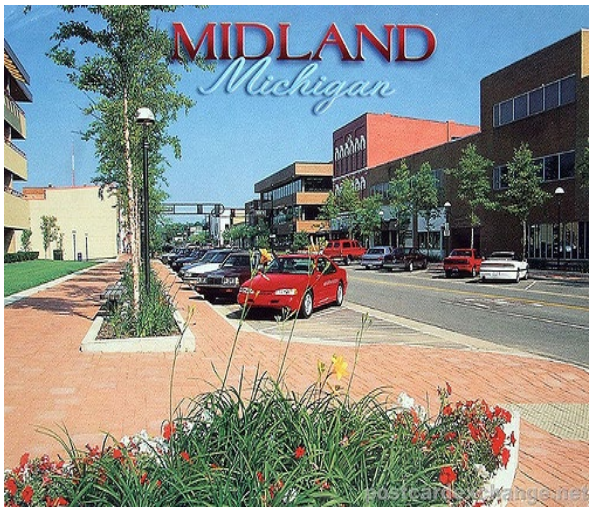
"Tell me and I will forget. Teach me and I will remember. Involve me and I will learn."

"Go the extra mile, it's never crowded."

"Don't wait for opportunity. Create it."

2017 MAPA'S SPRING CONFERENCE HIGHLIGHTS

By Marcos A. Vargas, MSHA, PA-C



About the topics and the speakers here are some of the talking points in case you missed them…

Ms. J. Kraczon as a BCBS healthcare fraud investigator reminded us of the ease of falling into common healthcare fraud schemes that could land us in "hot water" with the Healthcare False Claims Act. Practices to avoid are: *upcoding, overprescribing or simply ordering unnecessary or nonprovided medical services*. Also, *double billing (patient paid cash,while insurance co was fully billed) or even unbundling" lab panels into separate components.*

She also highlighted felonious activities that greed lead some clinicians fall victims into, namely Placing false information in the chart and/or practicing w/o a license. This talk was presented with some humorous slides but a sad reality and reminder of how some care givers abandoned their ethical call when rendering professional medical care giving services throughout the state.

One thing is for sure when it comes to the utilization of oncologic biologic agents as the chief of Hematology/Oncology Dr. Appel affirmed in his presentation, drugs have revolutionized the field by extending peoples lives, but they are not w/o a cost—their side effects. He cited many drug symptoms/side effects. For instance, **Trastuzumab** for enhancing the cardiotoxic profile of other cardiotoxic drugs, **Cetuxibab** may induce a facial acneiform-rash while **Imatinib** may induce leucopenia, fluid retention and more commonly diarrhea in susceptible individuals. Likewise, **Bevacizumab** toxicity may show proteinuria in a UA or can induce difficult BP control. Also seen are non-arthritic cause of joint pains secondary to monoclonal antibodies formation among other systemic reactions. Others can increase the auto-immune host response from a mild diarrhea to a full blown Colitis presentation as mostly seen with **Nivulomab. "Some of these side effects must be addressed and kept in perspective during the treatment", he said and clearly emphasized throughout the entire talk.**

According to J. Lekura, PharmD @ Henry Ford Hospital still 50% of all antibiotics are prescribed inappropriately even when this came to national attention 17 years ago. Some of the reasons stem from the fact that many providers still prescribe ABXs for asymptomatic UTIs, do not know their local resistance microbiologic community patterns or even don't switch parental ABXs to an oral regimen. Another prescribing "faux-pas" occurs when clinicians forget or do not de-escalate the broad spectrum coverage to a narrower one when indicated. Another quick reminder provided was that not all infections are "MRSA" & to follow those creatine levels very closely, particularly in the renal or geriatric patients as well as the immunocompromised.

Which of these conditions is/are the best single predictor of a future act of violence?

a. Unemployment

b. Age of 1st arrest

c. Weapon availability

d. Prior violent act

If you selected "d" then you would have identified one of the most significant risk factors in the assessment process according to Cathy Frank, MD currently chair of Behavioral Health Services of Henry Ford Health System in Detroit, MI. The preceding 3 responses(a, b,& c) also secondary

continued

contributors in any violent situation, but to a lesser extent than "D" as she discussed during her insightful presentation.

Also discussed were identifying specific risk factors for intimate partner violence. For instance: a) hx of substance abuse/dependency, b) sexual promiscuity, c) occupational instability and d) low socio-economic status, e) hx of depression, d) overly protective or controlling partner.

In closing, she vigorously said: "always give credence to your subjective gut feelings & emotions when dealing with a violent patient/individual—protect yourself physically & legally by knowing the Tarasoff requirements in your state", that's a must given the rising incidence of violence perpetrated on professional healthcare givers in this constantly changing industry.

Another well received and informative presentation was the panel discussion of **PA 379 of 2016: What this means to the practicing PA.** In essence, during the subject introduction Mr Mike DeGrow and Ron Stavale, PA-C (current MAPA's Legislative Chair)the panelists leading the discussion, agreed the legal language in this statute sought to bring parity of practice in the NP-favored current marketplace by removing misperceived administrative burdens against the Michigan PA community. They recall after several revisions the redesigned, redefined and refocused statutory changes approved for PA 379 was no easy task, not only it had to make sure all the elements favoring PA practice were there, but that the language did not come across as alienating when seeking support of all external stakeholders across both aisles.

They also echoed the fact trough coalition building among all stakeholders (i.e. MMS, etc.) MAPA was able to bring to fruition this bill as a relationship builder and barrier remover in the patient-centric era in which we constantly are moving to.

A significant point, was the removal of longstanding prior "legislative shackles" of outdated terms all too familiar to the practicing PA community such as: "supervision" & "delegation".

A few attendees expressed some concerns about how the days of legal agency/agent referral known

in prior statutes will be viewed by both the medical and legal communities when alleged PA liability is to be apportioned in the event of a bad outcome (aka medical negligence).

Attorney Colagiovanni and Mr. Thad Gormas (MAPA's new Executive Director) both pointed out the fact that the intent of this law is/was to create a flexible, workable meaningful document regarding the MD-PA working professional relationship which can be determined at that practice level between both parties.

Some audience members still voiced their concerns for undue liability since Vicarious Liability is fact-based, and yet it may be more difficult to assert as to when the patient "belongs to" in the relationship, the attorney reiterated that our direct liability would remain. Plus, once again, the facts of the case will govern or dictate the ultimate legal interpretation

While Vicarious Liability may be lesser for the MDand/ or augmented for the PA as anticipated by many, the truth of the matter that the legal interpretation of this new law would manifest itself out as time progresses and the statute is interpreted under the various legal contextual disputes as they both explained from their respective perspectives.

About The New MAPs—What to Expect? Kim Gaedeke the Director of the Bureau of Professional Licensing an agency within the Michigan Department of Licensing & Affairs (LARA) opened with some factoids about her agency. She stated her agency regulates over 750,000 state licences, also they average about 14,289 MAPs daily reports requests. Shortly after she presented an overview of the new updated statewide new MAPs system. Fortunately we have included an article explaining all about this newly revamped prescription monitoring system and how to navigate it-- provided directly by her agency to our readership (you!).

Present Your Research as a Poster

Inform your peers of your Observations and Findings

The Fall CME will be Oct 5-8, 2017 in Grand Rapids. We would like you to consider entering a poster summarizing your research. A poster is a great way to get your research introduced to your peers. MAPA would like all PA's and PA students to consider participation in a research project. At this time posters are exhibit only and a spark for conversation; if sufficient entries are presented – judging will be based on the recommendation of the CME committee to the MAPA Board of Directors. These guidelines are based on AAPA and PAEA guidelines (courtesy of Amy Dereczyk).

Guidelines and Criteria for Poster and Research Brief Presentations*

1. Posters are categorized as original research and literature reviews are not acceptable for poster.
2. Authors are responsible for expenses associated with the submission, preparation, and materials for their presentation. This includes the printing of a poster.
3. Authors of accepted proposals are encouraged to submit to the *Journal of Physician Assistant Education (JPAE) or Journal of the American Academy of Physician Assistants (JAAPA)* for consideration.
4. Titles should be brief and clearly indicate the content of the abstract. Capitalize the first letter of each word, except prepositions. Abbreviations in the title are not allowed.
5. Only standard abbreviations will be accepted. Special or unusual abbreviations should be placed in parentheses after the full word appears the first time. Arabic numerals should be used to indicate numbers, except when used in the beginning of a sentence.
6. The abstract text will be collected together but should reflect the four distinct parts (purpose, methods, results, and discussion) and labeled accordingly. Examples are available in the PAEA FAQs for proposal submission: http://www.editorialmanager.com/paea/default.aspx
7. **Abstracts should be well-written, informative, and *must* include the following sections:**
   - Purpose: A clearly articulated statement explaining why the study was done.
   - Methods: A clear description of materials, sound methods, and appropriate analytical procedures used and/or implemented.
   - Results: A clear statement presented in sufficient detail to support the conclusions. If final results are not yet available, then preliminary results must be included.
   - Discussion: This should include a report about the importance of the results of the study or educational innovation and its application to PA education; it may also include implications, limitations, biases, and recommendations.
8. Abstracts submitted without any results or conclusions will be disqualified.

A note on timing: It is very difficult for reviewers to judge the merits of a research project that has no results; therefore, these proposals will be rejected. If your proposal is rejected or you feel you will not have adequate results, including any preliminary findings in time for the Education Forum, we urge you to consider resubmitting next year.

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Proposal Submission Guidelines

1. Proposal titles, objectives, content, and presenters may not be changed after submission approval has been granted. If circumstances dictate a request for change, it must be made by the lead presenter. Requests will be reviewed and permission granted on a case-by-case basis.
2. The Conference Council may provisionally accept a proposal pending requested revisions, which may include change of presentation format. The primary contact for the proposal will be notified if revisions are being requested.
3. Each submission is required to have a minimum of three references and a maximum of five. References should be those most relevant to the content of the submission.
   - *References should be provided in AMA style. A journal reference, for example, should be formatted as follows: Hudson CL. Expansion of medical professional services with nonprofessional personnel. JAMA. 1961;176:839-841. For additional reference examples, see the Journal of Physician Assistant Education Instructions to Authors and the AMA Manual of Style.*
4. Each proposal must be submitted by a lead author/presenter. The lead author/presenter:
   - Must be the primary author of the proposal.
   - Must be a member of MAPA; secondary authors do not have to be MAPA members.
   - Must participate in the presentation as much as, if not more than, the other presenters.
   - Will be the main contact for communications.
   - Can be a student for poster submissions.
   - *If the lead author/presenter is not able to attend due to an emergency, the co-author/ presenters (if applicable) are expected to present the session.*

Submission Criteria

Each proposal submission is fully blinded and is peer reviewed by multiple members of the MAPA CME planning committee.

Proposals will be evaluated based on the following:

1. Overall quality/clarity of abstract.
2. Professional composition/style.
3. Adherence to submission guidelines
   - Inclusion of purpose, methods, results, and discussion. The text must not exceed 315 words.
   - Appropriate references (minimum of three and maximum of five, in AMA style, relevant to topic).
4. Clear description of the purpose.
5. Clear description of the methodology.
6. Use of sound and appropriate methods.
7. Clearly stated results (either quantitative or qualitative).
8. Clearly stated implications and/or significance of study for future research, contribution to PA education or PA profession.

Submission Information

1. All submissions must be in the form of a Word document. Submit via email to: MAPAresearchproposal@gmail.com
2. Deadline for submission is Thursday, September 15, 2017 at 5pm.
3. All accepted authors must be members of MAPA.

*guidelines based on the Physician Assistant Education Association guidelines

MICHIGAN ACADEMY
of PHYSICIAN ASSISTANTS

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MAPA PLANNER

EVENTS/ CONFERENCES

MAPA Fall CME Conference

DATE: October 5-8, 2017

SITE: Amway Grand Plaza Hotel
Grand Rapids, Michigan