

MICHIGAN

VOL. 38 NO. 3



SEPTEMBER 2017

New PA Law! Update

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Fall CME
Conference
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MICHIGAN ACADEMY
OF PHYSICIAN ASSISTANTS

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MICHIGAN ACADEMY
of PHYSICIAN ASSISTANTS

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Your Newsletter Editor's Corner

This year has been quite a year, one of angst on many fronts for most of us, given the significant diametrically opposing views of both NCCPA and AAPA regarding maintenance of certification. And all in the midst of our 50th professional anniversary; no small feat in itself given all the never ending battles that our profession has faced and endured.

The evolving nature of our role requires if not mandates that we take stock of how we are doing in the constantly evolving marketplace. Moreover, we must make sure that our collective group's moral compass and patient advocacy never fades away from our call to service. We need to be ready to explain changes to patients when necessary as uncertain times loom over the final verdict of the Affordable Care Act. By the same token, we must be willing to speak up when we feel that internal or external organizations are subverting our professional advancement for their ideological gains at our patients' expense.

The willingness to speak up should take center stage when the PA community feels a policy is not conducive to our mission of providing quality, high-value patient care. A good example of this can be seen in my observational commentary of the current state of PA laws in the Commonwealth of Puerto Rico. Also in this edition, you will read about three PA students speaking up about delivering a unified message to our congressional representatives in Washington, D.C., but more importantly they will tell you how they came out from this experience invigorated and prepared to be the voice for our profession in the years to come. We have included other articles "speaking to you" like the PAD article which starts on page 20, and another about NCCPA's visit to Michigan by Brian Gallagher, PA-C, as our voice on legislative issues.

Our 2017 Fall CME Conference is coming up and scheduled during world renowned Art Prize in Grand Rapids. From our expert speakers, you will have an opportunity to add and expand your leadership opportunities, base knowledge, and improve your skills via the slate of clinical workshops.

It is clear that we at MAPA subscribe to the idea of the team approach to PA professional development and advocacy. That's why we are always soliciting your input and/or participation. Join us as a MAPA member, if you are not already, at MichiganPA.org.



Cordially yours,

Marcos A. Vargas, MHA, PA-C / Michigan PA Newsletter Editor

President's Message

Greetings fellow PAs,

We are amid the full summer sizzle which normally equates to a lull in activity for the academy, however, with NCCPA in town and the anticipation for the Fall Conference in Grand Rapids, there is exciting news to share with our members.

Taking over the reins of our great academy from immediate Past President Dave Doan has been a seamless process. I'm looking forward to working with all the new and current board members along with our new Executive Director, Thadd Gormas.

2017 has been a banner year for Michigan PAs. We are now the first in the country to become independent prescribers and we have replaced supervision/delegation with a practice agreement which includes a participating physician. For this ground breaking achievement, MAPA was awarded the AAPA constituent organization of the year award! This recognition is due in no small part to the tireless efforts from our leaders working with the highly respected PA community in our state. We now look to enhance this achievement by modernizing the Michigan Mental Health Code to better serve Michigan patients through caring for the whole body as many PAs are already doing.

Several days before the July meeting of the Michigan PA Task Force, MAPA leadership was informed that the president and CEO of NCCPA, Dawn Morton-Rias, would be presenting before the task force. Our leadership team reached out to NCCPA to set up a meeting with MAPA leaders and President Morton-Rias prior to the Task Force meeting. President Morton-Rias was eager to meet with us and discuss various issues and concerns our members have expressed regarding a wide variety of topics. **President Morton-Rias confirmed that the NCCPA is NOT seeking to change the current law in Michigan in which re-certification is NOT tied to licensure.** We are encouraged that this meeting with the NCCPA President and CEO serves as a template for future coordinated efforts by NCCPA to engage all state organizations to work together in collaboration when tackling these never-ending PA re-certification issues. (Further details of our meeting can be found in the article by our Legislative Chair Brian Gallagher, MPAS, PA-C on page 12.)

This year our Fall Conference is going to be a great experience and you don't want to miss Art Prize! We plan to have many great presenters speaking on a variety of topics. In addition to clinical presentations, our focus for

this conference will be to highlight PA leaders in our state. **They will share strategies for fostering current and future PA leaders, administrators, and practice owners.**

In other words, we are grooming ourselves as PA leaders in administration, as educators, as legislators, and even CEOs, all which are paramount to the continued progress and growth of our profession since 1965—our inception year. To ensure our profession is just as robust from now to 2065, we must expect and support PAs to lead us there!



John R. Young PA-C
MAPA President



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

Join us in Grand Rapids for the Fall CME Conference Oct. 5-8

As a Michigander you know there's no place like Grand Rapids (the Beer Capital of Michigan) in early October with Art Prize, amazing restaurants, and, most importantly, the 2017 MAPA Fall CME Conference. We invite you to the amazing Amway Grand Hotel October 5th through 8th for the premier, annual event for Michigan PAs and those from nearby states to experience high quality CME, an opportunity to reconnect with PA friends and classmates, and relax in downtown Grand Rapids.

The CME committee has been working diligently to provide attendees with quality CME in all areas of PA practice, and attendees will gain valuable information and CME credits as well.

Workshops this year will cover lumbar puncture, basic thoracentesis, casting, basic and advanced suturing, basic bedside ultrasound, pelvic examination and wound care. These workshops give graduate and student PAs the opportunity to acquire new skills in these areas of practice or provide a refresher course in areas of practice not regularly performed.



The MAPA Board of Directors meeting will be held Thursday from 10:00 am to 12:00 noon. All conference attendees are encouraged to attend this meeting to witness your academy at work.

The Exhibit Hall opens Thursday at 1:00 pm and will remain open until 5:00 pm. It will re-open from 5:30 – 7:30 pm for a welcome reception. Please join your fellow attendees for this reception and spend some time talking with the wonderful exhibitors who so generously support our conferences.



Our charity partner this year is Guiding Light Charities in Grand Rapids. We will be assisting them in their goal of providing essential items to those in need. The six PA programs in Michigan have traditionally adopted our Charity Partner and generously contributed items to them. If

you have any questions or would like a list of the items of greatest need, please email Jeff Collinson at gafir1@gmail.com.

We are planning a 5K, 1 Mile Wake Up Walk and 1 Mile Kids Trot on Saturday morning at 7:30 am. The course this year will be through areas of Grand Rapids with views of the city, Art Prize, and park areas. Please join us for this always enjoyable activity to start our Saturday morning.

Please join us for this amazing CME opportunity. Registration is open – please visit mapafallevents.org for registration, schedule, and hotel block details.

See you in Grand Rapids!

Donna Hines, PA-C and Jeff Collinson, PA-C
CME Co-Chairs



PA students need your help!

The Michigan PA Foundation has been providing annual scholarships based primarily on need to Michigan PA program students for 23 years.

We rely on contributions to support the scholarships, and our administrative expenses are less than 0.5% of our annual budget (no paid staff: only volunteers).

We are designated by the Internal Revenue Service as a 501 (c) (3) charitable public foundation, making your contributions eligible for federal income tax deductions.

You can contribute by check, credit or debit card. If by card, you can provide the name as it appears on your card, the card number, and the expiration date by mail, or call Jack to have it processed by phone. Or, navigate to our website and click **on the Donate tab**. The website also offers PayPal.

Thank you.

Jack Kircher, PA-C, MPAF Treasurer
989-892-4953

Michigan PA Foundation
1629 Haslett Rd
Haslett, Michigan 48840

MAPA FALL CME CONFERENCE HIGHLIGHTS

October 5-8, 2017, Grand Rapids. For the full agenda visit mapafallevvents.org

THURSDAY

Bloody Bloody GI Bleeds: From College Benders to Anti-coagulation Disasters

David Dumais Jr, PA-C

Antiretroviral Treatment as Prevention

Mary Rose Forsyth, MSN, NP-C

Workshop: Basics of Lumbar Puncture

John Lopes, DHSc, PA-C and Alan Brown, PA-C

Lungs and Skin and Urine: Oh My! A Sepsis Update on Source Control and Management

David Dumais Jr, PA-C

Chart Smart: How to Document Like a Pro

Diana Nordlund, DO, JD, FACEP

Screening, Treatment, and Management of Hepatitis C

Ann Salm, Ph.D.

The Importance of Healthcare Data and Showing PA Value

Marc Moote, PA-C

Identifying Substance Use Disorders in Patients and What to Do About Them

Dale Yagiela, MA, LMSW, CAADC

How to Reduce/ Discontinue Narcotic Prescribing for Chronic Pain in a Rural Family Medicine Clinic

Matthew Stack, DHA, PA-C

FRIDAY

Musculoskeletal Board Review

Rachel DeWitt, PA-C and Deb Knight, PA-C

Metallic Implant Allergy

Steven Stryk, MD, FAAAAI

Update from NCCPA: It's Not Just About PANRE

Greg Thomas, PA-C Emeritus

Tickborne Diseases in Michigan

Liam Sullivan, DO

Epilepsy Surgery - Networks and the Brain-Computer Interface

Kost Elisevich, MD, PhD and Brien Smith, MD, MBA, FAAN, FAES

Updates on Sepsis- An ER Perspective

Nicholas Kopacki, PA-C

Health Care is Changing

Dr. Jim Forshee, MD and David Claeys, MS, PA

Legal Update: Current Health Law Issues Facing PAs

Jennifer Colagiovanni, Esq.

Thinning Out the Herd - The Who, What, and How of Anticoagulation for Atrial Fibrillation

Eryn Smith, PA-C

It May Look Like a Zebra but it's Really... A Discussion of Orofacial Pain

Stephanie Joseph Gilkey MS, PA-C, DFAAPA and Francisco Plaza Villegas, DDS

SATURDAY

Today's Long-Acting Reversible Contraception: Practical Considerations

Nisha McKenzie, PA-C

Protecting Children from Vaccine Preventable Diseases

Gary K. Johnson, MD

Food Allergy Diagnosis

Nicholas Hartog, MD

Heart Failure and the Physician Assistant

Ashley Malliett, MS PA-C

Searching for Zebras: Primary Immunodeficiency for the Primary Care Provider

Nicholas Hartog, MD

Retirement 301: You're about to retire, how do you distribute and protect your retirement resources?

Henry Guzzo, CFP, ChFC, CLU, REBC and James Clark, CFP, ChFC, MBA

PAD: If It Doesn't Hurt, It Could Still Hurt (Kill) Your Patients

Robert Ross, PA-C

Preventing Opioid Dependence and Addiction: The Role of Acute Care Prescribing

Dr. Jay Lee, MD

Neuropathy: Oh, what a pain!

Jim Lile, PharmD

The Abnormal Pap Smear and Vulvar Abnormalities

Marian Fuller, MD

What do I need to document??

Janet Little, MHA, CPC

SUNDAY

Atrial Fibrillation: Update in Stroke Prevention Strategies

Marc Lahiri, MD

SVT: What Is It and What To Do ?

Gurjit Singh, MD

Ventricular Tachycardia: What, When and How to Ablate

Gurjit Singh, MD

MAPA'S EXECUTIVE DIRECTOR RETIRES AFTER 20+ YEARS OF SERVICE



MAPA sincerely thanks our former Executive Director Mike DeGrow for nearly twenty years of impeccable service that advanced the Academy and the practice environment for PAs in Michigan. We will miss you Mike and wish you the best in all your personal and professional future endeavors!

Mr. Degrow was honored by the 2017 AAPA House of Delegates for his dedicated service to MAPA. The adopted resolution is below.

From the 2017 AAPA House of Delegates:

Resolutions of Commendation & Recognition
2017-COMM-01

Resolution of Commendation|

Mike DeGrow

May 2017

Special Resolution of Recognition for Mike DeGrow from the Michigan Academy of PAs

Whereas, the Michigan Academy of PAs wishes to honor Mike DeGrow on the occasion of his retirement from his positions as executive director and chief lobbyist of the Michigan Academy of PAs, and

Whereas, Mike DeGrow provided visionary leadership to the Michigan Academy of PAs for almost 20 years, and

Whereas, Mike DeGrow lobbied the Michigan Senate and House of Representatives in 1999 to gain delegated prescriptive authority for controlled substances for PAs in Michigan despite the opposition of all state medical societies, and

Whereas, Mike DeGrow was instrumental in the passage of more than 20 separate legislative acts that greatly expanded the ability of PAs to care for patients in Michigan by eliminating antiquated limitations on PAs practice, allowing PAs to participate in required physicals by the State and other institutions, expanded PAs ability to refer patients to appropriate providers, eliminating all physician co-signatures, allowing PA signature on all forms requiring physician signature and providing vigilance over other legislative efforts that would have a negative effect on PA practice, and

Whereas, in 2007 Mike De Grow enabled PAs to receive first assist reimbursement from Blue Cross Blue Shield of Michigan, and

Whereas, in 2010 Mike brought together the Michigan Academy of PAs, Michigan State Medical Society and the Michigan Osteopathic Association to create a joint taskforce addressing the future of health care in Michigan and forming a consensus statement emphasizing the PA/Physician team as central to mutual success, and

Whereas, in 2013 Mike persuaded the Michigan State Medical Society delegates to oppose the AMA's resolution regarding surgery limitations for PAs, and

Whereas, Mike developed a PA/NP comparison chart that compared the background, academic education and practice ability of PAs and NPs in Michigan and was provided to legislators prior to MAPA's testimony on the NP independent practice bill, and

Whereas, Mike worked tirelessly with the State of Michigan Legislature, the Michigan State Medical Society and the Michigan Osteopathic Association to achieve Public Act 379 which eliminated supervision and delegation from the Michigan statute and changed the status of PAs to prescribers instead of delegated prescribers. This eliminated much of the competitive disadvantage that PAs experienced vs NPs regarding perceived independence, and be it further Resolved, that a copy of this resolution be delivered to Mike DeGrow in recognition of his decades of dedicated service to the PA profession and the PAs of Michigan from the members of AAPA.

MAPA Legislative Update

2016 – 2017

This past year was the most monumental year in MAPA's history since the beginning of our profession in Michigan, when in 1976 then-Governor Milliken invited all of the PAs in the State to his office to watch him sign PA enabling legislation.

Coming in at a close second to our inaugural year was the two-year period of 1998 – 2000, when in May of 1999 MAPA's decade-long persistence changed BCBS's antiquated rules that required the supervising physician to be in the room with the PA when the patient was examined! In November of 1999 with the persistent efforts of MAPA and physicians that we worked with, the State of Michigan, against the wishes of other legacy state associations, finally allowed physician delegation of controlled medications to PAs. MAPA has, and continues to, push to maintain and improve the practice environment for PAs to provide the safest care to Michigan residents.

Now, we all now know of our groundbreaking new PA law (Public Act 379) which was signed by Governor Rick Snyder in the waning moments of 2016; PA 379 eliminated the terms 'supervision' and 'delegation' from the statute in Michigan. Perhaps initially necessary for our 'new' profession back in 1976, the terms 'supervision' and 'delegation' remained entrenched in our health laws while our team-based role matured. Both terms eventually created unwanted liability and unclear communication expectations for physicians. The term 'supervision' was misunderstood, misinterpreted and misrepresented by some in the healthcare arena, much to the detriment of patients. 'Supervision' is one of those words that can mean different things to different people. Perhaps a simplistic analogy, but if taken literally: what if I send my child to a friend's house for a play date and the friend says that they will 'supervise' the kids? I would expect that they are with or watching the kids continuously. What is the responsibility of a physician 'supervising' a PA who may not be practicing in the same practice site? What does that mean to a patient, a lawyer, a jury or a judge? The same applies to 'delegation'. If I delegate a responsibility to someone who doesn't have that ability inherently, then am I accepting the responsibility for every delegated act?

As the language of this law developed, MAPA worked with the State of Michigan, state medical societies, hospitals and legal counsel to create a law that best replicates a true practice environment for PAs. As a result of that work over the past 5 years, passage of PA 379 allowed Michigan PAs to be the first PAs in the United States to become independent prescribers and to work within a practice agreement with physicians.

Some of the questions that arose around this new law were about PA liability and the purpose of



a practice agreement. As far as liability goes, a PA has always been responsible for the care we provide for our patients. We are trained

and are responsible to know our limits and seek advice or counsel if a clinical situation is beyond our ability. The liability for physicians signing a practice agreement will be determined and defined by case

law. A practice agreement is more like the credentialing process in a hospital environment where the hospital ensures safe practice ability based on training, education and experience.

This new law was passed in December of 2016 and became law on March 22, 2017. To date MAPA has had no complaints or concerns from medical societies or physicians who have signed practice agreements for over 5,000 practicing PAs in Michigan. There have been no complaints of lack of mentorship from participating physicians or from new PA graduates, which was a concern of some students.

Michigan's Public Act 379 is now model PA language for the country. It blends the PA's ability to practice medicine in partnership with physicians. MAPA has been contacted by many States wondering how we accomplished this pioneering law. I can only say that it was by the hard work and dedication of MAPA's professional staff and the volunteers that make up the board of directors of MAPA. A special acknowledgement goes out to MAPA's past Executive Director Mike DeGrow, our current Executive Director Thadd Gormas, and our past Presidents Heather Klopp, PA-C, Chris Noth, PA-C, and David Doan, PA-C, whose leadership through this time was essential in the passage of this new law.

Remember that without your support as a member, this would not have been accomplished. There are many issues to be solved and vigilance of other professions' legal efforts have to be monitored and addressed. Countless PAs have been surveyed and 100% of them feel that there should be an organization representing their professional interests in Michigan. MAPA is that organization. If you are not yet a member, please consider joining and supporting MAPA's continuing efforts to ensure Michigan remains the best practice environment in the country.



Ron X. Stavale PA-C
Past President
Michigan Academy of Physician Assistants

NCCPA PRESIDENT/CEO MEETS MAPA LEADERS

Brian Gallagher, PA-C, Legislative Committee Chair and Past President

On Tuesday, July 25, the National Commission on Certification of Physician Assistants (NCCPA) President and CEO Dawn Morton-Rias, PA-C met with MAPA leaders, led by MAPA President John Young, PA-C at MAPA's downtown Lansing office. The meeting was a milestone in relations between NCCPA and PA Constituent Organizations and comes fresh off of NCCPA's announcement on a new outreach program to increase communication with key stakeholders.

The meeting yielded productive dialogue with Ms. Morton-Rias, acknowledging the need for NCCPA to improve communication and collaborative efforts with state constituent organizations such as MAPA. She also complimented and supported the recent legislative efforts resulting in increased access to care with reduced barriers for PAs to practice in Michigan. She raised NCCPA's concern that they need to protect the public and in their opinion, certification/recertification is critical to the public's best interest. The ideal certification and recertification program must be meaningful, relevant and provide assurance for patients, employers, state licensing boards and others regarding a PA's knowledge and skills.

We discussed NCCPA's efforts in finding alternatives to the high stakes testing while testing "core medical knowledge". She recognizes that the PANRE is not an all-encompassing method to indicate a provider's competency. As a result, NCCPA is developing pilot programs in an effort to balance the public's desire for recurrent testing, the PAs desire to maintain flexibility within the profession and assure competency. NCCPA's goal is to have the programs developed by 2020 but ideally they would like to have them available sooner. These pilot programs

were developed from extensive research performed by NCCPA. Ms. Morton-Rias discussed ways for MAPA and NCCPA to collaborate with data collection and sharing. She offered options for MAPA to access Michigan-specific data collected, utilized and sourced by NCCPA.

Ms. Morton Rias assured MAPA leaders that NCCPA has no interest in changing or lobbying against Michigan's current law related to PAs.

She acknowledged that back between November and February, NCCPA hired a Michigan lobbyist/ attorney to monitor the PA rules process in Michigan and analyze our new PA law. She will inform MAPA leaders with the entity NCCPA contracted in Michigan so that we can collaborate. MAPA offered to be the primary resource for NCCPA with regards to Michigan law and practice implications. She looked forward to working with MAPA in this regard as long as the public's best interests were in mind. She also stated her presentation to the PA Task Force is strictly informational as part of the NCCPA's efforts to increase transparency of the certification and recertification process and development of new programs.

The most challenging moments of the dialogue occurred when MAPA voiced its recent poll by MAPA's Legislative and Governmental Affairs Committee. They researched the opinions of members and held discussions with key hospital systems and administrators. The unanimous opinion was to strongly oppose mandates linking recertification to relicensure in Michigan rule or law. It is believed that employer credentialing processes and protocols can determine the criteria for competency of a health professional. It is the health organization's prerogative to determine the standards, which should not be regulated in the law. This allows them

the flexibility to grant exceptions when necessary. Ms. Morton Rias reiterated NCCPA's viewpoint that (re)certification matters. NCCPA has a duty to protect the public and they cannot sit by when there is concern for possible expanded scope of practice without accountability.

Additionally, a representative from Michigan physician organizations discussed the strong relationship between PAs and physicians in Michigan which has been a foundation to Michigan's PA practice law. Furthermore, the physician groups

in Michigan recently supported legislation moving away from mandated certification requirements and this is a timely discussion.

Ultimately, MAPA is grateful for the opportunity to sit down with NCCPA President and CEO Ms. Dawn Morton-Rias and gain insight into NCCPA, its mission/vision, research and future plans. With taking the time to understand each other's viewpoints we have begun to build a collaborative relationship to work together in the future.

Leadership Spotlight – Brian Gallagher

I would like to introduce and welcome Brian Gallagher PA-C who is now MAPA's new Legislative Chair for the upcoming 2017-2018 year. Brian and I have traded places several times over the past few years, as I was Legislative Chair during and after his presidency and he was Legislative Chair before and after mine. Brian had moved to Arizona for a few years but fortunately for us, he is back in Michigan now. I really appreciate Brian stepping up to take over the leadership role on such an important committee. He has been Legislative Chair in the past and also guided this profession as President of MAPA in 2011-2012.



There are many issues yet to solve now and in the future for the PA profession. We have a bill to change the antiquated Mental Health Code that will be discussed this coming fall. We have been working with the State of Michigan and Dr. Michelle Reid to create language that will include PAs as providers in the Mental Health Code. There are several other critical issues that both Brian and our Executive Director Thadd Gormas will be working on and they will keep you informed as we move forward.

It is critical that we have such dedicated and talented individuals working to maintain and improve PAs practice environment. We will always need to be vigilant against efforts from other organizations or individuals attempting to define our ability to practice, as witnessed by the NCCPA's recent efforts to affect legislation in other States (see Brian's article above) and even the not so distant efforts by AMA to limit the practice of surgery only to physicians; surgery being defined as any 'altering', 'repairing', or 'cutting' of tissue. Issues like those will come again and if no one is watching, then legislation negative to our profession will occur and, once enacted, may take decades to overturn.

Ron Stavale PA-C
Past Chair, Legislative Committee
Past President
Michigan Academy of Physician Assistants

2017 AAPA HOUSE OF DELEGATES

As described on the AAPA website, “*the House of Delegates (HOD) is responsible for enacting policies establishing the collective values, philosophies and principals of the PA profession.*” Every year several hundred representative delegates attend the HOD at the AAPA annual conference.

There are 56 chapters representing 50 states, the District of Columbia and 5 Federal Services, 26 officially recognized specialty organizations, 8 caucuses which are groups sharing a common goal as related to health care access or delivery. The Student Academy also meets and mirrors the Fellow HOD.

Here are some of the responsibilities listed on the HOD website

- Making recommendations to the AAPA Board of Directors
- Submitting formal resolutions through the procedures outlined by the House officers
- Participating in open reference committee hearings conducted at the HOD meeting, held during AAPA’s Annual Conference
- Volunteering as a member of a reference committee, researching and reporting on the resolutions and testimony received

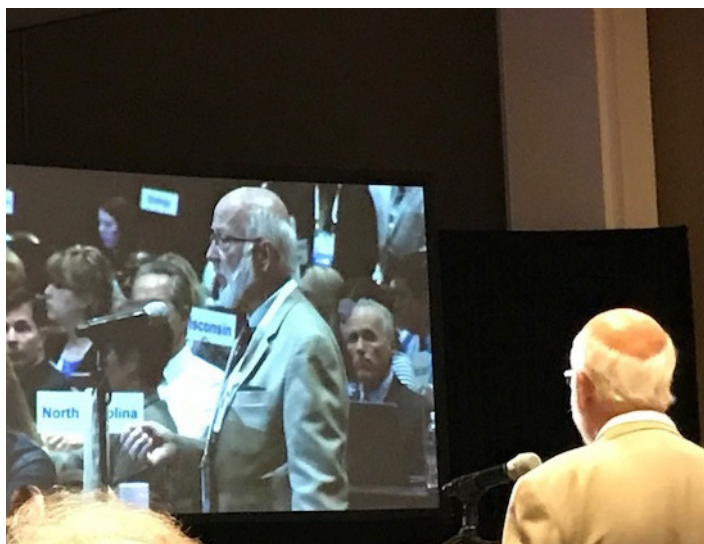
At this year’s HOD, Michigan was allotted 8 delegate seats and that allocation is based on the number of PAs in each state. States such as Texas, New York, North Carolina and Pennsylvania are granted more seats. Representing Michigan PAs this year were Chairperson Jodi Zych, Donna Hines, Mary Huyck, Zarna Patel, Steve Myers, Ron Stavale, Karl Wagner and Vaughn Begick.

This year, discussed amongst a myriad of resolutions proposed, there were two major issues that dominated the meeting. One of the major issues was what AAPA’s response should be to NCCPA lobbying

legislators in various states without prior consultation with the members and leaders of those States. The second major issue was the discussion of the philosophy of PAs’ practice ability in individual states.

There was a lot of testimony regarding the NCCPA issue from many chapters, services and specialty organizations, including NCCPA. NCCPA feels strongly that PA licensure should be attached to recertification even though other professions are approaching this issue differently, such as logging a certain amount of CME hours to maintain certification.

NCCPA was apologetic as to their unilateral lobbying efforts and pledged to work together with all the states in the future before initiating any efforts. This issue was hotly discussed and in order to be able to pass a resolution, the AAPA HOD affirmatively stated the following: “**AAPA opposes unsolicited lobbying by the NCCPA.**”



The issue of Full Practice Authority, or Optimal Practice Authority, was the other dominant topic discussed. Many states and organizations testified as to the negative consequences of requiring our ability to



practice medicine attached to another professional's (physician's) license. There was countless testimony on the negative impact of physicians being required to supervise PAs. The two major issues were the physician's concern for liability by having to 'supervise' PAs and also the cost to organizations, especially in states where NPs are independent, who may be required to actually hire physicians in order to supervise PAs. The liability and cost to practices and institutions creates an environment where NPs are being preferred over PAs despite the more advanced medical training that PAs receive.

Some states, such as Georgia, were concerned that Optimal Team Practice (OTP) would alienate PAs from their states' medical societies, thus creating a negative environment for the advancement of PAs. Others such as Wisconsin and Illinois felt that this is an issue that should be addressed post haste



due to the preference of practices hiring NPs over PAs. Michigan's delegation testified regarding our most recent passage of Public Act 379 and how in 2011 we recognized that there was a perceived belief that NPs were 'easier' to hire than PAs and that we were able to work with our state's physician organizations, legislators and other stakeholders to create language to eliminate the competitive disadvantage from NPs and to reflect the reality of PA practice. Michigan's PA 379 fulfills the concept of OTP. We also added to date there were no major complaints from physicians or organizations. Julia Burkhardt, PA-C, a recent grad and former president of the Student HOD testified that there has been no change in her mentorship and no complaints of lack of mentorship from fellow new grads because of this new law.

The concept of Optimal Team Practice (OTP) was supported unanimously by the House of Delegates. The definition of OTP from the AAPA website states:

“Optimal Team Practice reemphasizes the PA profession's commitment to team-based care, and in an amendment offered on the floor of the House of Delegates, reaffirms that the degree of collaboration between PAs and physicians should be determined at the practice level.

It also supports the removal of state laws and regulations that require a PA to have and/or report a supervisory, collaborating or other specific relationship with a physician in order to practice.”

MAPA's BOD and HOD are here to represent your professional interests here in Michigan and nationally. By supporting MAPA you are supporting your future!

AAPA Chief Delegate
Jodi Zych, PA-C

AAPA 2018 Delegates
Julia Burkhardt, PA-C
Janet Burns, PhD, PA-C
Heather Eckman, PA-C

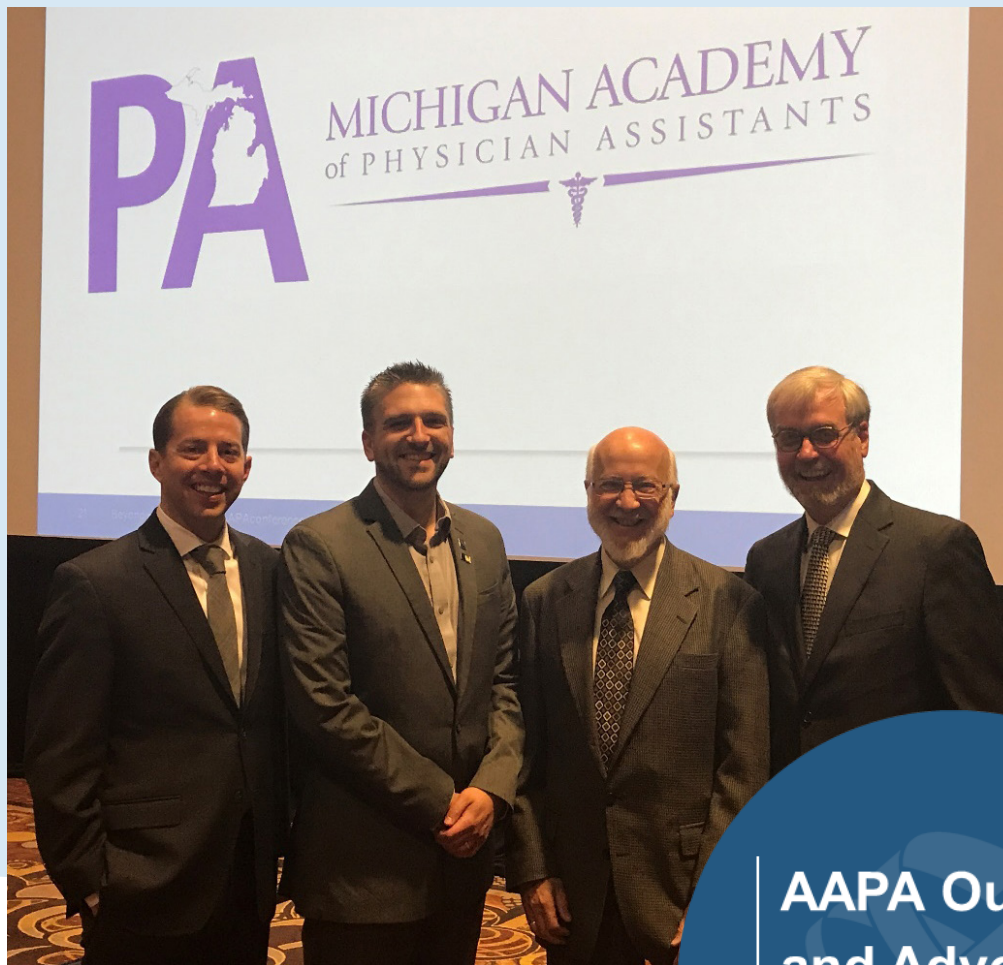
Donna Hines, PA-C
Mary Huyck, PA-C
Sandra Keavey, PA-C
Steven Myers, PA-C
Zarna Patel, PA-C
Molly Paulson, PA-C
Ron Stavale, PA-C

The Michigan Academy of Physician Assistants was presented with AAPA's Creating Progressive Practice Environments Constituent Organization Award at AAPA 2017 in Las Vegas.

MAPA was honored for its work in modernizing the law for PAs in Michigan with sweeping legislation that removed supervisory language, eliminated PA/physician ratio restrictions, and maintained the concept of team-based practice. These crucial victories helped rectify previous

hiring inequities, modernized archaic language and removed unnecessary restrictions.

For more information on PA 379, please visit www.michiganpa.org



Thadd Gormas, Dave Doan, PA-C, Ron Stavale, PA-C, and Mike DeGrow accepted the award.

**AAPA Outreach
and Advocacy
Award Winner**

2017

THRIVING VOLUNTEERISM IN SOUTHEASTERN MICHIGAN

By Suzanne York, MPH, PA-C

“Research has shown that people who volunteer often live longer.”

— Allen Klein

In 2008, a group of concerned citizens in Ferndale identified the need to provide health care for the uninsured of south Oakland County. After two years of fundraising, the clinic opened in August 2010, holding temporarily set-up clinics in a Ferndale community center. Now, seven years later, the clinic is in its second permanent location, a renovated medical clinic space at 751 Suite 2 E. Nine Mile Road in Ferndale. However, FernCare needs volunteers (you) to continue its work.

Volunteers work once or twice a month, 3-3 1/2 hours per clinic session treating uninsured persons from 19 through 64 years of age. Care is chiefly maintenance of chronic illness. There is a pharmacy and lab on site. A volunteer social work team provides benefits counseling, can enroll patients in a prescription assistance program, assists with enrollment in the insurance exchange and Healthy Michigan, and makes specialist referrals for obstetric, dental care, sexually transmitted disease treatment and other care beyond the scope of services offered during medical clinic sessions. In addition, the clinic offers counseling and on-going diabetic support workshops outside of clinic sessions.

Because of all the hard work of volunteers and the generosity of those who donate to support the clinic, free medical services are provided to about 80 people per month. In 2016, over 400 patients from 43 different cities in the area received free healthcare.

The clinic has three paid employees, but clinic sessions require about 15 volunteers, including doctors, PAs, NPs, nurses, lab staff, a nutritionist, pharmacist, social worker and an insurance counselor. The clinic is self-funded, meaning funds to operate the clinic come through individual donations, corporate and foundation grants, fund-raisers, and payer reimbursement. The clinic also provides liability protection for volunteers.

Patients come to the clinic because they have no health insurance. Patients return because of the volunteers & staff who make it possible for them to work and live like everyone else without being made to feel less than because they are uninsured. PAs in southeast Michigan, you are invited to join this wonderful team of volunteers.

For more information, to volunteer or donate go to:
<http://ferncare.org/>



Puerto Rico's Partisan Politics – An Unacceptable Moral Travesty of the Highest Order

Marcos A. Vargas, MSHA, PA-C

It's unfathomable in this day and age to see that currently there's no PA-enabling legislation in Puerto Rico for us to practice alongside physicians. As a result, Puerto Ricans are being deprived of access to quality and affordable medical care during their existing provider shortage crisis. This outrageous public health menace should have been the focus of greater scale during the past decade while the patient community has quietly suffered this moral travesty of the highest order—all while the daily physician exodus continues.

I, like many other PAs, find these myopic political roadblocks personally and professionally deplorable and, quite frankly, downright unacceptable from a public health, moral, and ethical point of view.

For 50 years the PA medical profession has demonstrated to the world that PAs have provided a myriad of benefits by working with physicians to meet the medical needs of various patient communities across the globe. In fact, the PA concept is a widely accepted profession thriving in many countries outside the USA. For example, PAs can be found in Australia, Canada, the United Kingdom, the Netherlands and India, just to name a few. The incorporation and cultural

assimilation of PAs in their healthcare infrastructures and cultures have been nothing short of phenomenal.

So with this industry-proven track record, why is it that Puerto Rican leaders and their physician community are so reluctant to lift the PA legal barriers to PA practice? Why does this unfriendly PA marketplace environment remain in effect, even today, completely overlooked by their local leaders?

Unfortunately, there are a myriad of barriers, but let me be clear: it's not only about economic preservation—mostly it's about “protectionism” of the “ruling class” (some providers—the “generalistas”). Their physician community who completed legal yet non-accredited residencies feel very threatened about our profession.

Another deeply rooted pervasive sad fact is the perpetuation of the industry status quo. Moreover and psychologically speaking, we all know there's always comfort in the status quo from a psychological perspective. Thus, overcoming this deeply culturally rooted societal mindset is primarily part of the root of the problem at the local level—the island.

Let it be known to all political leaders in Puerto Rico

and elsewhere that these type of short-sighted inter-professional mindsets and political derailers will not bring the much needed and desired healthcare relief that all Puerto Ricans currently need.

Sadly, the non-accessibility of prompt medical care services has and continues to frustrate the 3.4 million islanders living this daily nightmare that has remained basically unchanged for nearly 2 decades when this travesty began.

Therefore, it is imperative for the PA community, US/ Puerto Rican leaders, and all the well-meaning supporters to pledge our commitment in dismantling this façade presently crippling the island healthcare infrastructure by undermining and restraining the implementation and utilization of Physician Assistants as members of the healthcare team which includes physicians.

More than ever before, the time has come to help turn the tide by creating a hybrid national/island coalition of industry leaders and other stakeholders interested in eradicating this moral failing of the highest order.

Hopefully, we can look back one day and proudly say it was our national PA community that stepped up and led the way to denounce this moral tragedy. Based on our deeply rooted calling of service to humanity, regardless of political affiliations or ideology, this must be nothing less than a must on our agenda.

I hope during my lifetime this medical inequity, professional restraint, and misguided professional protectionism ceases to exist. Puerto Ricans deserve better. I/we ask for the would be powers in Puerto Rico to do the right thing...so Puerto Rico can remain "the island of enchantment" as the world remembers it to be!



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IN THE NEXT FIVE YEARS, ONE IN FOUR OF YOUR PATIENTS WITH PERIPHERAL ARTERIAL DISEASE WILL SUFFER A HEART ATTACK, STROKE, AMPUTATION, OR DEATH.



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Patients with P.A.D. have a two- to six-fold increase in cardiovascular mortality and a significantly increased risk of amputation, disability and diminished quality of life. Much of the morbidity and mortality associated with P.A.D. could be prevented through coordinated awareness and education efforts designed to promote early detection and proper treatment. That's why the Peripheral Arterial Disease Coalition was formed.

We are an alliance of leading health organizations, professional societies, and government agencies united to raise public and health professional awareness about lower extremity P.A.D.

Now you have the tools you need to help your patients.

We're partnering with the National Heart, Lung, and Blood Institute on a national P.A.D. public awareness campaign.

Our web site has easily accessible educational programs and clinical practice tools about P.A.D. diagnosis and treatment. Plus, we have links to the best P.A.D. educational resources – for health professionals and patients – from our member organizations

Lower Extremity Peripheral Arterial Disease (P.A.D.)*

Individuals at Risk:

- Age < 50 yrs with diabetes and one other atherosclerosis risk factor (smoking, dyslipidemia, hypertension, or hyperhomocysteinemia)
- Age 50 to 69 yrs and history of smoking or diabetes
- Age 70 yrs and older
- Leg symptoms with exertion (claudication) or ischemic rest pain
- Abnormal lower extremity pulse examination
- Known atherosclerotic coronary, carotid, or renal arterial disease

Presentation in Clinical Setting

- Asymptomatic (20-50%): No obvious symptoms.
- Atypical leg symptoms (40-50%): Discomfort that is exertional, but does not consistently resolve with rest, consistently limit exercise at a reproducible distance, or meet all "Rose questionnaire" criteria.

- Classic claudication (10-35%): Symptoms confined to leg muscles with a consistent (reproducible) onset with exercise and relief with rest.
- Critical limb ischemia (1-2%): Ischemic rest pain, non-healing wound or gangrene.
- Acute limb ischemia (< 1%): Sudden onset ischemic leg symptoms or signs of acute limb ischemia. The five “Ps”: pain, pulselessness, pallor, paresthesias, and paralysis (with polar being a sixth “P”).

Office Diagnosis

- Take a proactive approach as most patients will not recognize or describe classic symptoms.
- Use a vascular review of symptoms to assess walking impairment, claudication, ischemic rest pain, and/or the presence of nonhealing wounds.
- Perform a standard pulse examination and inspection of the feet in at-risk patients.
- Perform an ankle-brachial index (ABI) in at-risk patients. The ABI, the gold standard diagnostic test, compares the systolic blood pressure in the ankle to the systolic blood pressure in the arm.

Therapies for Cardiovascular Risk Reduction for all P.A.D. Patients

- Immediate smoking cessation
- Blood pressure < 140/90 mmHg (< 130/80 mmHg with diabetes or renal disease)

- LDL cholesterol < 100 mg/dl (< 70 mg/dl in very high risk patients)
- A1C < 7.0 % for diabetes patients • Antiplatelet medications

Clinician Role in Treating Claudication

- Establish the PAD diagnosis using the ABI or other vascular laboratory evaluations
- Determine that claudication is the major symptom limiting exercise
- Discuss risk-benefit of claudication therapies including pharmacological, percutaneous, and surgical interventions
- Initiate systemic CV risk modification
- Refer to a claudication exercise rehabilitation program

Interpreting the ABI

- 1.30 Noncompressible
- 1.0 – 1.29 Normal
- 0.91 – 0.99 Borderline (equivocal)
- 0.41 – 0.90 Mild to moderate P.A.D.
- 0.00 – 0.40 Severe P.A.D.

Visit us at PADCoalition.org and sign up for the P.A.D. Coalition's E-news. 1-866-PADINFO



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AAPA held its annual **LEADERSHIP AND ADVOCACY SUMMIT** in March in Washington, DC. Four students were selected to attend the summit with MAPA leaders and experience in-depth discussions and presentations relating to state and specialty practice advocacy. Here are three first-hand accounts from Michigan PA students about their experiences at the summit.



Attending AAPA's 2017 Leadership and Advocacy Summit was an eye-opening experience that allowed me to better understand the issues facing our profession and further develop my leadership skills. Prior to attending the conference, I was under the impression that state laws and regulations paralleled throughout the United States, and that PAs everywhere were facing similar issues. Although some of the barriers are universal, it became apparent that some states were

further ahead than others with regard to full practice authority. In Michigan, we are very fortunate to have a strong legislative voice and were able to pass Public Act 379 this past December, which now serves as a model for other states to follow. On several occasions, this act was referenced during the conference and representatives from different states approached us to learn more about the act and how they could implement something similar in their home state. In addition to discussing

legislative barriers and how to overcome them at the state level, there was also discussion about our recertification process and what options are available at this point in time.

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

— **Austin Ruffin, PA-S**, University of Detroit-Mercy

Recently I had the opportunity and privilege to travel with members of the MAPA Board of Directors and fellow PA students from Michigan to the Leadership and Advocacy Conference presented by AAPA in Washington, DC. This conference offered many learning opportunities and allowed for first-hand interaction with heads of AAPA, PAEA and NCCPA.

Many of the issues discussed such as interstate compacts, certification examinations, FPAR, key pillars, state legislative triumphs, and billing will have a marked impact on the profession both presently and in the years to come. As a student, and as previous students can probably attest to, there is often limited time allotted for these issues academically. Even though these topics play an integral role in determining our scope of practice and our value to the medical community, often there simply is not time. As such, the ability to hear about these issues, interact with PAs from multiple states, listen to the issues they are facing, and most importantly, the ability to ask questions was invaluable.

While I learned a great deal from this experience, one of the biggest things I will take away is just how proud I am of our state. Many times throughout the presentations Michigan was highlighted for its legislative accomplishments, marking it as one of the most pro-PA states in the country. Watching board members give advice to PAs from other states with less supportive laws, such as Kentucky, was the true embodiment of the convention and the reason we were there: to learn, to share this knowledge, and to help others accomplish

their goals so that the profession may continue to grow and thrive. While Michigan was not the only state to bring students, it was one of the few states to bring multiple students, again highlighting the value this state places on the future of the profession and the responsibility we have to each other to share what we know as best as we are able.

— **Karalyn Cain, PA-S**, Grand Valley State University

I was honored to join the MAPA leadership to attend this year's Leadership and Advocacy Summit. The experience was wonderful and immersive as I enjoyed lectures presented by PA leaders from around the country. As a first year PA student I am usually immersed in didactics, so to step out of that bubble to learn about issues we face as a profession was invaluable. The dynamic state of healthcare means the PA profession continues to evolve, and major issues focused on included full practice authority, recertification, and model laws and guidelines. I am thankful to be joining such an exciting profession with such kind, interesting, and passionate colleagues. I look forward to being part of this amazing profession and to helping shape its future.

Thank you for the opportunity; it will be an experience that stays with me as I enter and travel through my career!

— **Katherine Bechard, PA-S**, Wayne State University





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