

JUNE 2015



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Congratulations to **2015 MAPA BOARD OF DIRECTORS ELECTION WINNERS**

Thanks to all who voted!

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President's Message

What a year it's been as President, I can't believe that my term is coming to an end! This year has gone by so fast. I had just given birth to our 4th daughter when I took over as President of MAPA and I can't believe it's already been a year. When I look back at what we've accomplished this year I am so proud of the group of individuals I've had the pleasure to work with on the board, and I am honored to have had the opportunity to serve you. Your continued support to MAPA and our profession is a constant reminder of what an amazing group of people I represent. Looking back over the year, let's talk about what MAPA has done.

This event helped define the future of MAPA by identifying strengths and weaknesses and defining specific goals...

We had a spectacular conference in the fall celebrating our 40th anniversary at the Grand Traverse Resort. We had the largest attendee turnout with 582 members, lots of great CME topics and opportunities to mingle with old and new friends! Our students were compassionate and gave with generous

hearts by donating to our designated charity the Angel House, with

Western leading the way and winning the charity event. They all participated in our annual Quiz Bowl sponsored by the PA Foundation and GVSU brought home the trophy! We also celebrated the Ron L. Nelson Exemplary PA Award and the recipient was Gregor Bennett who has been a champion for our profession and our state. I attended several leadership conferences this year including the AAPA leadership and advocacy event in Washington D.C. We worked with leaders from Michigan including AAPA President John McGinnity and others across the nation. MAPA sponsored 2 PA students from EMU and WMU programs to attend the event. Also, in March MAPA sponsored a 2 day Spring CME conference in Novi. It was a great spring conference and we had almost 100 attendees. In April, MAPA leaders past & present participated in a strategic planning seminar. This event helped define the future of MAPA by identifying strengths and weaknesses and defining specific goals related to financial stability, leadership development, membership goals and executive director transition. It was a great event that brought your MAPA team together with consultants to ensure MAPA's future. Full details will be provided to the membership soon!

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President's Message

Continued from page 3

I was involved in many legislative and advocacy efforts in Lansing this year. Thanks to our dedicated Executive Director and Lobbyist Mike DeGrow, MAPA has continued to safeguard our profession. Mike has spent almost 20 years working specifically with MAPA and for you! This year we spent much of the spring working with the legislature to help ensure that PAs would not be negatively impacted by SB 2, the NP independence bill. During these meetings our Legislative Chair Ron Stavale was able to testify on behalf of PAs and team approach medicine and was well received by the physicians and Senate committee members. We met with several key legislators regarding other upcoming opportunities that support PA scope of practice issues. I want to impress upon you that the responsibility to advocate for PAs is on us. If we aren't present with key leadership in Michigan we may lose opportunities to promote health care for our patients and profession.

Again, I thank you for your continued membership and encourage you to be a voice for PAs. I know it's difficult but it only takes a minute to ask about membership and promote our profession. THANK YOU to my current board of directors for their dedication, past MAPA leaders for their exemplary mentorship and most of all YOU OUR MEMBERS! We represent an amazing profession and I am proud that Michigan has been a leader in advocacy for the country and I look forward to continued growth of our membership. Enjoy your summer!

Sincerely,

Heather Klopp, MS PA-C



MAPA President



MAPA's 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's Vision

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



And the Winners are ...

2015 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
R. David Doan III
PA-C



Secretary
John Young, PA-C



Region 1 Representative
Michael J. White, PA-C



Region 3 Representative
Ryan Murtha, PA-C



Region 5 Representative*
Janet Burns,
PhD, PA-C
**appointed*



AAPA Chief Delegate
Donna Hines, PA-C

AAPA 2015 Delegates

Mary Huyck, PA-C
Heather Klopp, PA-C
Ron Stavale, PA-C

AAPA 2015 Alternate Delegates

Jodi Zych, PA-C
Chris Noth, PA-C, FAPACVS

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

Transition and Change

By Chris Noth, PA-C, FAPACVS

Over the next few years, MAPA will be undergoing several transitions and changes that will impact the future and direction of the academy. This is a necessary process to help ensure our future and help us stand out as an academy for Michigan PAs. These transitions were born out of the recent in-depth Strategic Planning Session that MAPA held in April of this year. The various attendees developed a list of priorities for MAPA, and these will help shape the direction and future of MAPA.

Top of the list of priorities identified was Advocacy. Protecting a Michigan PAs right to practice medicine at their fullest potential is one of the pillars that support MAPA and that we are constantly addressing. This is one benefit that a price cannot be placed upon it, because advocacy is on-going and ever-changing; yet all Michigan PAs benefit from the academy's work on this. But the benefit that is derived can be seen in the number of employed PAs in Michigan and the variability and diversity of the type of work that PAs can perform in their jobs. Advocacy is fighting for every tooth & nail and making sure that the details are addressed so that we are not prohibited from taking care of patients.

A second priority identified was Membership and Leadership. MAPA membership is a continual concern for the longevity of the academy and is one that is wrestled with by all for-profit and non-profits alike. To help boost membership in MAPA (above the

21% currently), it was determined that a two-pronged approach would best fit to help increase PA membership enrollment. First, MAPA will evaluate several firms that specialize in membership and when a firm is identified as a 'good fit' for MAPA, this contracted firm will create a membership recruitment program specifically for MAPA. The second prong is held by our management company- AMR. They will continue to provide membership support through 'Your Membership' database, along with the current retention programs. MAPA will also be looking at ways to add value to the benefits offered for membership, which will help in recruitment and retention. We will also be sending out a 'MAPA Annual Report' with membership renewal/joining packets. This 'report' will let MAPA shareholders (members) know what MAPA is doing with your dues and what you can expect as dividends for your membership.

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Increasing membership enrollment and retention will help fulfill another identified priority, financial stability. The largest revenue generating portions of the MAPA budget are membership and conferences. If we increase membership numbers, this will equate to more dues revenue and conference(s) attendance, yielding better financial stability.

Another priority for the coming year is finding a replacement for our executive director/lobbyist. Our current ED/Lobbyist- Mike DeGrow is set to retire by mid- 2017; his contributions to our academy and the PA practice environment in Michigan is priceless. We will begin the task of identifying PAs who will help fill the Task Force and they will be charged with the duties of finding a replacement for the ED/Lobbyist position.

The largest revenue generating portions of the MAPA budget are membership and conferences.

The last major priority that came from this session was improving communication; and by communication we mean between MAPA and its members-, all Michigan PAs -, state legislators-, and the public as a whole. The academy is currently in the

process of developing an overall revamp of its Communication Plan and a big part of that is updating the website. This update will have the 'meat & potatoes' that PAs will need for necessary information and added features to all sections that will be continually reviewed and information added that PA students and PAs can use throughout their careers. One area that will be developed to aid PAs is leadership skills and information. This feature will help PAs to achieve growth and skills to advance their careers into supervisory or leadership roles. This will

also aid MAPA in finding potential PAs that can build the base for future MAPA leaders.

All-n-all, the transitions that MAPA is going through and the steps we have taken and will take are necessary for the continued support and advocacy of Michigan PAs and the longevity of the academy. We will continue to engage PAs to support MAPA with membership by adding value for dues and giving quality CME conferences and encourage PAs to strive for leadership roles- both in the workplace and on MAPA's board. My hope is that you will continue your membership, encourage one non-member to join MAPA and invest in your academy as a member, when your support and input is needed.

The key to success is finding the right door and walking through it; you will have setbacks, but the road to success is a journey, not a destination. The transitions that MAPA needs to undergo over the next few years are necessary and the ground work has been laid from previous leaders. We as an academy need to continue these efforts and earn your trust, to ensure that your academy stays vital, relevant and worthy of your membership.





Getting to Know Our President Chris Noth, PA-C, FAPACVS

Where did you obtain the drive to serve in the various positions with MAPA through the years?

The drive was from what I witnessed of other board members and how much they care for the academy and for protecting our ability to practice medicine in Michigan. I have only been effective at the various positions within MAPA (Region V Rep., CME Chair, Newsletter Editor) because of the various people that I worked with to get tasks completed.

How was your time as CME Chair and newsletter Editor; fondest memory?

Again, because I had encouraging people around to work with and we all have a passion to see MAPA grow and succeed, made the positions I held more enjoyable and easier. My fondest memory was having a MAPA Past-President let me know that he was using an article I wrote for the newsletter as a teaching tool for students. Also, being a part of the CME Committee and having continued record attendance at Fall Conferences.

What drew you to consider and run for the MAPA presidency?

I wanted to continue the work of my predecessors and passion. I can see what MAPA can be with a focused effort

of the boards' behalf and the ideas that we have and receive from members; MAPA can be more and I want to help it achieve this level as an academy.

What challenges do you anticipate during your tenure?

The biggest challenge(s) facing MAPA is two-fold; advocacy and value. Currently, we are closely watching the events unfolding with the NP Independence Practice Bill that is before the Michigan legislature. This bill has a direct impact on Michigan PAs and could disadvantage us in our ability to practice medicine. The other challenge we face is showing value for membership and building membership to ensure a strong academy. We are constantly working on these challenges and others to keep a safe and effective work environment for Michigan PAs.

What would you like to be most remembered for?

Being part of a team and engaging PAs to keep MAPA strong and moving forward. This is not a one person show, it takes a team. You want to be an effective leader, complete tasks before you and make the situation better than when you started, that is my hope.

Favorite Movie:

King Arthur

Favorite TV Show:

Game of Thrones

Favorite Book:

Team of Rivals

Favorite Sport:

*Diehard Detroit
Lions fan*

Favorite Vacation:

*Florence, Italy with
my wife*

Favorite Leisure Activity:

*Gardening and
Woodworking*

Update on Senate Bill #068

Bill Debated Heavily by Senate Health Policy Committee

By Ron Stavale, PA-C

Dear Colleagues,

As one of the representatives for Michigan PAs to the Michigan legislature and other health care organizations I would like to update you on Senate Bill #068; or what has been called The Nurse Practitioner Independence Bill. This Bill was in the Senate Health Policy Committee in March of this year and MAPA President Heather Klopp, Executive Director Mike DeGrow, and I attended 3 of the public hearings and testified at the final hearing. The bill was debated heavily and then voted out of the committee so that it can be decided on by the Michigan Senate. MAPA is neutral on the bill but for the last 3 years we have let the legislators and the Michigan medical societies know that we do not want to leave PAs disadvantaged by any changes in scopes of practice for NPs that would make it seem more desirable to hire an NP rather than a PA.

The nurse practitioners have never been defined in the Public Health Code while all other health professionals are defined. It is clear that NPs need and want to be defined. Their initial bill for Independence has evolved from its initial form after all interested parties testified before the Senate. At this point the NPs are not accepting some of the changes or restrictions placed on the bill

(see New Version of Senate Bill #068 on page 10). They are hoping



to be able to make some changes by amending the bill before it gets voted on. After a vote in the Senate, if passed, the bill will go to the House of Representatives Health Policy Committee before it is voted on by the full House. At that point there may be more changes placed on the bill and this is where MAPA will again be involved and be very vigilant, keeping Michigan's PAs best interest in mind.

As mentioned, MAPA's goal is to maintain parity with any advances that the NPs make, if any. We have heard from PAs in Michigan and around the country where recruiters, institutions and physicians request to hire NPs because it is thought that they don't require 'supervision' and that there is this perception by employers that their employment carries less of an administrative burden. This idea that NPs have less of an administrative burden has developed into a life of its own and MAPA's representatives have come across this concept even when discussing issues with Michigan's legislators. **MAPA is watching this issue very closely and, as it is our responsibility, we will keep you informed.**

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Note: the following was distributed to MICNP members in advance of the Senate vote.

New Version of Senate Bill #068 Has Major Limitations on APRN Practice

Olivia V. McLaughlin, Executive Director
Michigan Council of Nurse Practitioners

MICNP members:

We have been made aware that the Senate Health Policy Committee Chair Senator Mike Shirkey plans to offer up yet another substitute version of SB 68 as S-5 ([CLICK HERE](#) to view draft) and put it forward for a full Senate vote next Tuesday, May 26th. After review the proposed language, unfortunately we found that this new version includes major limitations on APRN practice that we cannot support, namely:

1. This substitute exempts APRNs who have been practicing for less than 5 years that work in hospitals and other health facilities licensed under Article 17 from the written agreement requirement and delegated prescriptive authority from at least one physician for controlled substances (schedules 2-5). This will further exacerbate the state's primary care shortage because exempting acute care settings from the burdensome mandates will

drive APRNs to go into acute care, instead of primary care. Further, if an APRN works in a health care facility and chooses to change their employment setting to a private practice or FQHC during their 5 year limited license period, they will not be in compliance with the requirements. An APRN who has been practicing for more than 5 years would also be exempt from being required to be a member of a patient care team if they are employed by a hospital or another health facility licensed under Article 17. Tying the conditions of licensure to the type of setting an APRN practices in would cause concern from a regulatory standpoint and be very burdensome for the APRN to continue to practice under their license.

...this new version includes major limitations on APRN practice that we cannot support...

2. An APRN with less than 5 years has a limited license must be part of a physician led team in order to practice and prescribe, and have a written agreement. This would limit access to care in rural, underserved and health professional shortage areas and this is only

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mandatory for an APRN- no other health profession is required to practice this way. If an APRN cannot find a physician to be part of their team and one that is also willing to sign a written agreement as a reasonable cost, they cannot practice. This is more restrictive than current practice today, and may drive up the cost of healthcare.

3. The definitions for each scope of practice (for a Nurse Practitioner, Nurse Midwife and Clinical Nurse Specialist) does not include the word diagnose. Defining the scope of practice for APRNs and not including the word diagnose in each scope is a direct conflict with their education and national certification. Because APRNs diagnose today and are directly reimbursed for diagnostic services, this is a risk that we are not willing to take.

While this is certainly a disappointing turn of events after all of our advocacy efforts invested in Senate Bill 68 (and Senate Bill 2 before that), we will continue to work towards future

But at this time we need you to contact your State Senator NOW.

legislation that allows APRNs to practice to the fullest extent of their education, training and national certification in order to increase access to health care and reduce health care costs.

Before the vote, our lobbyists will try to identify a Senator who is willing to offer alternative language (for another substitute) to the S-5 version of SB 68. Basically, it would strike the entire bill (remove licensure, definitions, etc.) and only do 2 things as an incremental improvement to the current nursing part of the public health code.

1) recognize CNS, and 2) allow for delegated schedules 2-5 drugs. The new sub would be 2 pages in length and amend two sections under the nursing part of the public health code - [CLICK HERE](#) for more detail.

But at this time we need you to contact your State Senator NOW. Please take a minute to email your Senator ASAP -

[CLICK HERE](#), enter your home address and the email will automatically be sent to your Senator - and then encourage your colleagues, friends & family to do the same!

Student Experiences at the 2015 AAPA Leadership and Advocacy Summit

This year, MAPA offered two scholarships for PA students to attend the 2015 AAPA Leadership & Advocacy Summit, held March 5-7 in Alexandria, Virginia. Attendees had the opportunity to develop and hone their networking, leadership, and advocacy skills and bring new knowledge home to Michigan. Here are the experiences from our two student attendees, Alyssa Zantello (EMU) and Bryn Cartmill (WMU).



Pictured: Andrea Posh, Mike Bauer, John McGinnity, Heather Klopp, Clare Gargaro, Bryn Cartmill, Alyssa Zantello, Folusho Ogunfeditimi

Going to this year's Leadership and Advocacy Summit was a great experience. Before attending the conference I had some preconceived ideas of what advocacy entailed, but it was so helpful to hear the tips and tools of the trade in regards to how to advocate for advances to the PA profession.

During the conference we had large group sessions, small group sessions, and time in between sessions for the ever beloved coffee breaks! The sessions (while directed somewhat for practicing PAs) were very helpful from a student perspective. I found renewed passion for the profession I'm studying to enter soon, and I took home some great big picture thoughts that I'm excited to share with my classmates. It was also very helpful to learn more about some of the current issues that PAs are facing, ranging from hospice care issues to AAPA/MAPA membership numbers to how to deal with difficult situations in the workplace. It was encouraging to hear PAs from across the country offering tips and suggestions and sharing what has worked for them in similar situations.

Outside of having excellent speakers and sessions, I found the networking opportunity to be of utmost value. I was able to meet numerous practicing PAs in my area as well as talk to PAs from around the country! I would encourage anyone who is even remotely interested in leadership or advocacy (or both) to apply for the MAPA scholarship to attend the Summit next year. Thank you again to all those involved with MAPA who helped make this experience possible!

—Alyssa Zantello, Eastern Michigan University PA Student

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This March I was given the opportunity by the Michigan Academy of Physician Assistants (MAPA) to attend the American Academy of Physician Assistants' (AAPA) Leadership and Advocacy Summit in Washington, D.C. As a second year Physician Assistant (PA) student graduating this fall, I wanted to learn more about how to advocate for the PA profession in my home state, and hopefully gain some insight into how PAs can affect the laws that dictate how we practice.

Despite an unexpected winter storm that shut down Congress for a day and cancelled our meetings on Capitol Hill, the summit proceeded without skipping a beat. The days were filled with interactive learning

This experience made me aware of the importance of advocating for our profession in the states where we practice.

sessions, and leadership and advocacy training taught by PA leaders from across the country. It was inspiring to interact with these PA leaders who were all working toward a common goal, and listen as they shared their experiences, exchanged ideas and formulated strategies that we could bring back to our home states. They spoke about their efforts to

strengthen the description of PAs, the ways in which they were articulating the real value of PAs in diverse healthcare settings, and how they effectively communicate their views to state government leaders, in order to remove barriers to PA practice set by state laws.

This experience made me aware of the importance of advocating for our profession in the states where we practice. The recent changes made to our healthcare system have created an increased demand for healthcare providers, especially PAs, to provide quality care for an expanding patient population. This is our opportunity to get involved with our state government, and advocate for the implementation of more inclusive laws that allow PAs to fully utilize our training and skills. We can do this by contacting our state representatives, staying informed about the laws affecting PAs in the states where we practice, and maintaining memberships in our state PA organizations, so they are able to continue advocating on our behalf at both the state and national levels.

*—Bryn Cartmill,
Western Michigan University PA Student*





• 2015 •

MAPA FALL



Conference



Fall CME Conference

October 8-11, 2015 at the Grand Traverse Resort & Spa

Summer is here – vacations and outdoor activities will fill our days. Fast approaching is the 40th Annual MAPA Continuing Medical Education Conference at the beautiful Grand Traverse Resort and Spa October 8-11, 2015. The CME committee has been working diligently to bring you another excellent conference. We have a wide range of topics to be presented along with the always popular workshops. Several new lecture topics and two new workshops are being added to the list of educational opportunities.

We have selected the Women's Resource Center as our charity partner for the fall conference. We will be collecting goods to assist them in their mission in the Grand Traverse and surrounding counties.

The annual golf outing will be Wednesday, October 7th at the Grand Traverse Golf Course. More information will be available soon for this function.

The conference is a wonderful chance to network with classmates and meet new PAs from Michigan and also surrounding states as they hear great things about our conference. We invite you to call your PA classmates to **come join us!**

See you there,

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

Call for Speakers

MAPA is finalizing its speaker lineup for the fall conference and still has a few spaces available. Do you know of someone who would give an engaging presentation on a topic relevant to the PA profession? If so, please contact MAPA at 734-353-4752.



REFLECTIONS...

On the AAPA 2015 Conference, Professional Growth, & the Future of Physician Assistants in Michigan

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

It's Wednesday night, May 27, 2015. I have been home now for just over twenty-four hours, returning home from the AAPA conference in San Francisco exhausted and in a reflective mood.

The conference in San Francisco was only my second AAPA conference; the only other being in Orlando as a first-year PA student in 2005. As you can imagine, things have changed since my first year as a PA student, and certainly my expectations for the AAPA conference has changed. As a student, I remember being awestruck at the size of the conference, the vast number of PAs and students in attendance, and of course the FREE STUFF! Ah, the memories of freebies from the exhibitor hall back then... As a "seasoned" yet fairly "young" PA with nearly a decade of experience under my belt, I came into the conference expecting the "bigger than life" appearance, the crowded venues, and the lack of freebies from the exhibitor hall (although there was a good supply of pens from employer recruiters, but it's JUST NOT THE SAME! Rant done...). The tech savviness at the conference was unexpected. I have to admit, the interaction via texting for the "self assessment category 1 CME" was pretty cool. The conference seemed to be well organized, and the TechBar was a nice new touch. The TechBar was a station set aside to introduce/share apps for medical use, help

with smartphones, tablets, and show off the new apple watch. They also were there to soft launch Huddle. Huddle is a new online members only community that was soft launched to AAPA 2015 attendees, but will be available to all fellow and student members later this summer.

It is an online community for networking, connecting and sharing information; i.e. share ideas, discuss challenges, post questions and search for other PAs. If you have questions about this, [email huddle@aapa.org](mailto:emailhuddle@aapa.org).

I felt pride knowing that we have such esteemed colleagues as experts...

Conference logistic differences aside, the biggest difference for me was in the feel of the conference. I had a profound admiration for the PA presenters. Most lectures I attended were presented by fellow PAs and were done very well. I felt pride knowing that we have such esteemed colleagues as experts in each of their fields. I was also impressed with the overall quality of people we PAs draw from. Nearly every person I interacted with while at the conference was polite, engaging, intelligent, caring and passionate. The profession appears to be a younger crowd as well. I attended the Challenge Bowl for the first time this year and was impressed by the knowledge base these students have. With well

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REFLECTIONS... *continued from page 15*

rounded, well-mannered and intelligent students entering our future ranks as leaders, the PA profession will be in good hands. Much like after every MAPA conference, I felt energized being around so many other passionate and motivated PAs.

Reflecting on the conference and comparing to my first conference also has brought forth reflections on my growth as a PA. I started my journey toward my calling as a PA roughly ten years ago in Fort Wayne, IN at Saint Francis University's PA Program. Fast forward 10 years to 2015, and I'm already on my second job in Family Practice, I'm teaching part-time for WMU's PA Program, I've precepted students for 3 years, and have filled now 5 different roles in 8 years for MAPA. My career has felt busy and is still just starting. I've seen growth in my personal ability, have seen laws passed to forward the profession, have seen others attempt to stymie our profession, and have heard ideas for the future of the profession. I've been blessed to be able to work alongside great PAs in Michigan and meet great

We need more leaders like John and his absence will be felt.

PAs who have made impacts on the national level. I have always felt that I was somehow allowed in an elite club to watch from the "inside" while the history for PAs unfolded. It hasn't been until now that I realized that I was actually part of the history all along. The difference between such great motivating PAs like AAPA President (and former MAPA president) John McGinnity and myself (or you the reader) is the courage to speak up, to step up, to volunteer anything that can be done. By doing just a small thing for

the profession, a PA can make a big difference. John McGinnity spoke briefly at the MAPA reception in San Francisco, and pointed out goals and ideals for future growth for PAs; to expand our roles as PAs by infiltrating hospital boards, being heard and present wherever physicians are also asked to be present. But honestly, despite the great things

he discussed and I do agree in his future ideals, the thing that hung on my mind the most, was the statement made about his longing to sit on his pontoon boat to relax after his term is up. He has been a great AAPA president, he was a great MAPA president, and he will no doubt be a great asset to PAs even when he steps down from his AAPA president role. But, if you ever met him or heard a lecture (at WSU or a MAPA fall conference) given on any topic, you would agree that his personality is energetic, boisterous, and infectious. We need more leaders like John



MAPA Past President and Legislative Chair, Ron Stavale, welcomes the attendees at the MAPA reception at the AAPA annual conference and reviewed pending legislative issues and shared the benefits of MAPA.

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REFLECTIONS... *continued from page 16*

and his absence will be felt. I have faith that there are many like him working among the PAs in Michigan. I am sure of this because I know PAs are cut from a different cloth. With each PA having the wonderful qualities exhibited amongst the conference attendees as mentioned earlier, I have confidence the profession will blossom and greater things are ahead.

In Michigan, the PA profession is at a crossroads; with NP legislation amendments and changes coming frequently, the scope of Michigan PA practice could be forced to change. The AAPA House of Delegates voted on language that focused on a team approach and delegation rather than supervision. With the current NP legislation environment, MI PAs could be on the forefront in greater scope of practice verbiage and be an example of how collaboration with the NPs and physicians can propel the profession into the future as a partner in providing patient care.

I have confidence the profession will blossom and greater things are ahead.

I have unpacked my bags from San Francisco, my CME credits have been logged, and the conference feels like a dream that is just fading away before awaking. Despite this, I still feel a nervous excitement, much like my first experience in Orlando, and I don't intend on letting go of this feeling quite yet. PAs in Michigan need to be aware of what is ahead of us. They need to feel the same nervous excitement. We

are head up the first hill of a roller coaster and after being re-energized in San Francisco, I'm ready to throw my hands up to enjoy the ride.

R. David Doan III, MS, PA-C CPAAPA is a Physician Assistant working in Family Practice in Portage and Richland, Michigan. He is a Part-time Faculty member of WMU's PA Program and is currently MAPA President-Elect and MAPA's Interim Membership Committee Chair. He can be found this summer on Little League Fields in Portage with his boys and supporting his beautiful wife as she goes through PA school. He can be reached by email at davedoanpac@gmail.com or on Twitter @rd3_pac.



AAPA President, John McGinnity, addresses his home state PAs at the Michigan reception and extols the strides PAs are making nationally.

2015 AAPA House of Delegates

The House of Delegates was in Session Saturday May 24 through Monday May 26 with a full meeting schedule. Current AAPA president, John McGinnity, addressed the delegation on the current year's successes and advances in practice that covered all 50 states. He also introduced incoming president, Jeff Katz, from New York.

Speaker of the House Gail Curtis, allowed all policy and bylaw changes to be extracted for discussion and review. Resolutions were also extracted for discussion. Ideas on NCCPA specialty exams, autonomous vs supervised practice, promotion of PA practice to Hospital Administrators and other PA employers are but a few examples of the discussions.

Reference Committee A – covering Bylaws, Membership and Government Affairs is summarized as follows: Student involvements in student boards, the Student Academy of the AAPA and Assembly of Representatives shall count as years served when calculating a PA's eligibility to run for AAPA office.

Retired PAs shall be entitled to the floor but may not vote, and shall not be delegates to the HOD.

AAPA will support hospice medicine and support legislation to remove barriers to reimbursement for PAs that provide that care.

Tobacco policy was updated to include eliminating exposure to electronic cigarettes and that tobacco settlement monies are used for the prevention and treatment of tobacco use. All PAs

are encouraged toward providing tobacco education based upon evidence based guidelines.

Professional practice and Certification discussed during **Reference Committee B** included that:

PAs practice autonomously while in a team of health care providers all centered on the patient's wellbeing. AAPA's opposition to payment plan that differentiate between PAs on the length of educational program or academic credentials granted if all other criteria are met. Each PA must ensure that the scope of practice is broadly defined and is appropriate to the level of training and experience while access to the collaborating physician is defined – reiterating that AAPA is committed to the concept of team based collaborative practice. AAPA opposes exams given by any other organization other than NCCPA for PA certification at entry level. AAPA seeks modernization of the Social Security act by amendment to authorize coverage provided by PAs and to reimburse PAs directly for covered services in the same manner as all other Medicare providers. AAPA believes that all public and



2015 Michigan Delegation: Donna Hines, Susan Raaymakers, Jan Ryan, Molly Paulson, Andrea Posh, Ron Stavale and Mary Huyck. Upper Left – in front of the speaker podiums and Upper Right – our 2015 Assigned table. Lower Left: speaker of the House, Gail Curtis, (and Tom Shoemaker, AAPA staff, Second Vice Speaker, Bill Reynolds, partially hidden First Vice Speaker, David Jackson) watch as John McGinnity, AAPA president, addresses the House from the lower podium. Lower Right: Jenna Dorn, EVP/CEO AAPA addresses the House as Mr. Shoemaker looks on.

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private insurers enroll PAs and cover medical and surgical services by PA providers in all practice settings and believes that health plans, payer and provider networks should list PAs in their provider directories. A position paper on the use of Telemedicine was discussed and adopted.

A position paper on Professional Competence reviewing the core knowledge base graduating PA s should be comfortable with as established by ARC-PA – updated version reviewed and adopted.

The statement that “AAPA opposes the entry level doctorate for PAs” was adopted.

Rejected topics included: extending the PANRE to 20 year cycles, changing the PA title to Physician Associate, conferring a Doctorate degree if the PA program exceeds 120 credit hours of study; charging AAPA to create a Task Force to investigate clinicians that have been counseled or reprimanded by the DEA to aid state organizations in determining the scope of practice legislation due to the fact the each state and governing body would most likely not allow the release of enough data to create a significant difference. Next, infectious disease was discussed; first a position paper on HIV/AIDS was updated and adopted, then a resolution encouraging PAs to obtain and use the most up to date and evidence based practices to reduce the spread of emerging infectious was adopted. Hepatitis C was then discussed, with some urging a screening of all those born between 1945-1965. This was felt to be a practice issue, and is covered in other policy, but practitioners should realize this group is at high risk.

Policy encouraging breast feeding was updated to include the first 6 months of life. The patient medical home policy was amended to include wording that a PA may be the leading healthcare professional.

The next discussions were of specialty exams and time of PA practice in relation to the specialty exams – decision was made to reject a minimum practice time prior to taking a specialty exam but also agreed to oppose PAs taking the specialty exams, as they do not lie within the founding principles of the PA education model and standards of PA practice.

Public Policy and Education discussed by **Reference Committee C** include that AAPA:

Should decriminalize the victims of human trafficking, support second parent adoption to create a secure home and continued access to health care. A paper on scientific integrity and public policy was updated. Support of initiatives that support PAs in Primary Care and to incentivize PAs to select primary care areas of practice. Endorse and encourage that health care accrediting agencies utilize PAs on accreditation site teams. The Disaster Medicine Association of PAs collaborated on an update of the Core Guidelines of the paper “The PA in Disaster Response.” Policy updates were approved for lifetime commitment to physical activity, the significance of substance abuse including non-medical use of prescription drugs, and the support of health promotion and disease prevention to include the promotion of healthy behaviors that will improve management of chronic disease. Support of public

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education and health information on specific disease states to encourage patient education and adherence; and have PAs knowledgeable in the area of organ transplant actively become involved in educating the public. Lastly, the committee discussed how PAs should educate patients on the effects of climate change and its effect on health.

New business included a Resolution to Wish Wellness to our own Karl Wagner; copied here, please wish him a well recovery and return to home.

Resolution of Positive Energy

Whereas Karl Wagner has served his country with military service
... *And continues to provide care to military men and women as a PA*

Whereas Mr. Wagner graduated from the Physician Associate program at Yale

Whereas Karl Wagner serves his profession as
... *A leader within the Michigan Academy*
... *A long term teller with the HOD*
... *An educator of PA students and mentor to pre PA students*

Whereas Karl Wagner served his patients to the fullest

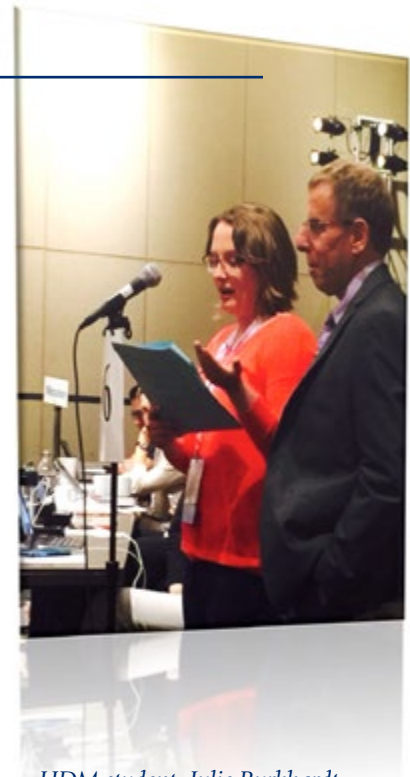
Whereas Karl Wagner suffers severe illness, hospitalized for the past three months

Requiring he give up his place among our delegation,

Resolved, that the 2015 House of Delegates of the American Academy of Physician Assistants recognize Karl Wagner and wish him well with a resounding "Thinking of you, Karl"

The Michigan delegation is made up of a Chief Delegate, Donna Hines, and 6-8 delegates and alternates. These representatives of MAPA go to the next AAPA meeting after our spring elections. They are elected for one year of Service. Alternates can be elected as Delegates after one year as an Alternate position. The position requires a lot of reading prior to the meeting. There are monthly newsletters from the Speaker of the House concerning AAPA Board of Director decisions and what proposed changes that will come to the House. The six weeks leading up the meeting are filled with policy and bylaw proposed updates and resolutions put forth to make new policy or change existing policy.

The HOD is a place to realize that the various practice settings seek varied policy, law and regulation. Students can participate in their Assembly of Representatives or at the HOD as part of the student delegation. There is always space for those interested on the floor periphery with the right to speak, but not vote. If you are interested in 2016 HOD in San Antonio please contact Donna at nadda200@aol.com. To view a summary of the proceedings visit the AAPA website at aapa.org, log into members then under the tab "Governance" choose HOD.



UDM student, Julie Burkhardt speaks to maintaining the name PA; physician Assistant, while Mark Katz of NC awaits a turn at the mic during HOD. Who knew our president elect had a twin brother also a PA at the HOD!]



Recognizing the **UN**professional PA Preceptee (student)

By Marcos A. Vargas, MSHA, PA-C

Not every PA student deserves a pat on the back, nor a passing grade, nor will some of them generate a warm fuzzy feeling when rotating through your service, practice or healthcare organization. In fact, some may be the biggest headache you ever had since your employer implemented an EMR system. But, unfortunately, it must be said & dealt with as much as it troubles me to say so about a few (handful) of our upcoming peers.

Why? Well...let's say there are always a few "rotten apples" in the barrel so to speak. These at times can make themselves memorable—unfortunately negatively speaking that is. Sadly, these folks have a common denominator; and often times they either consciously or unconsciously exhibit their underlying trademark—an entitled mindset woven with other secondary problematic personal attitudinal behaviors making them unprofessional trainees. For instance, when a PA-S breaks scrub unexpectedly to have lunch because the cafeteria is about to close or wants to "go home on time". Those are some of the (awful) examples to name a few that I/we have seen in recent times at our facility.

Unfortunately with these student types, many PA educators & preceptors have noticed that effective interactive teaching becomes marred when they selfishly place their nonacademic needs above their learning needs or even their peers. Obviously, this decreases the opportune time in moving these students from knowledge-base learners to high level professional clinical thinkers and therein lies the problem.

So who are these student transgressors?

Spotting these unprofessional PA students is not "Rocket Science". In fact, they traditionally give themselves away with their very own attitudinal/behavioral clues. For example, listed below are a few negative personal traits/examples they exhibit:

1. Tardy
2. Disengaged
3. Adversarial
4. Arrogant
5. Defensive
6. Argumentative
7. Abrupt [rude to staff and or patients]
8. Selective [wants to see only one type of clinical presentations]



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Again, as much as it pains me to point out this sad reality amongst ourselves, we must come to the realization that PA students' unprofessional conduct is not new, nor someone else's business or a matter to sweep under the rug and certainly never to turn a blind eye to. To do so would be a monumental disservice to all stakeholders involved.

Truthfully, if you never thought about this emerging problem, then try to put this issue in perspective as to

how many clinicians have been free-falling over the last few years in the eyes of their preceptors & American healthcare consumers due to such perceived unprofessionalism. Even medical schools have been seeing this bad growing phenomenon among their medical students. In some cases, this even leads to litigation due to inappropriate comments or views posted in social media sites.

So how did we get here? We must take ownership of the problem.

Could it be that over the last few years, we as PA educators, program clinical coordinators and/or even clinical preceptors have become more professionally permissive and tolerant of these mentor-mentee relationships? Have we abdicated our role of entrusted guiding mentors? Or is it a "generational" trait seen with this particular generation—the millennials?

Spotting these unprofessional PA students is not "Rocket Science". In fact, they traditionally give themselves away...

Whatever the reason(s), the bottom line is this: we all have a very critically important role to fulfill in our professional lives, not only to be stewards of an already embattled industry. We have a huge ethical duty to address, to eliminate (weed out) and/or correct/improve our own collective or individual professional shortcomings...even of our young upcoming colleagues for that matter. As "big brothers" we must deal with this issue now; it behooves us to be involved today.



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

**MARK YOUR
CALENDAR
FOR THE...**

PAMPAC Golf Scramble!

Friday, July 10, 2015 at 9:00am

Sandy Ridge Golf Course

2750 Lauria Road, Midland, MI 48642

\$60 per person

Includes 18 holes with a cart and a buffet lunch afterward.

Fun contests, fabulous prizes - but most of all, a chance to meet fellow PAs and raise money for our voice in Lansing.

It is an important cause with the current legislative climate and a good excuse to golf!

It will be a scramble format which means that the "best" shot will be taken every time so even if you are not on the pro tour, you'll have fun.

Bring your dad, your doc, your friends or your entire office!



**CLICK
HERE FOR THE
REGISTRATION
FORM!**

**Contact Ryan Murtha with
questions at 616-295-3667.**

Golf event sponsored by PAMPAC

MAPA DUES INCREASE

Due to increased Academy operating expenses and the higher cost of providing services to our members, MAPA's dues structure will be increased by \$15 beginning July 1st, 2015. MAPA's last dues increase took place in 1998.

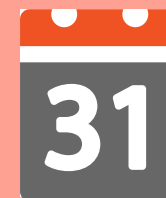
SOURCES/LINKS/CONTACTS:

Michigan Academy of Physician Assistants: MAPA at 1-734-353-4752 or www.michiganpa.org
American Academy of Physician Assistants: AAPA at 1-703-836-2272 or www.aapa.org
National Commission on Certification of Physician Assistants: NCCPA at www.nccpa.net
Accreditation Review Commission on Education for the Physician Assistant: ARC-PA at www.arc-pa.org
Michigan Department of Community Health for PA license at www.michigan.gov
Drug Enforcement Administration (DEA) license at www.deadiversion.usdoj.gov
Michigan Physician Assistant Foundation (MI PAF) at www.mipaf.com



MAPA PLANNER

EVENTS/CONFERENCES



PAMPAC Golf Scramble

DATE: July, 10, 2015 at 9:00am
SITE: Sandy Ridge Golf Course in Midland, Michigan
INFO: www.michiganpa.org or
call 1-877-YES-MAPA

MAPA Fall CME Conference

DATE: October 8 – 11, 2015
SITE: Grand Traverse Resort & Spa in
Traverse City, Michigan
INFO: Available soon at www.michiganpa.org or call
1-877-YES-MAPA