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40th



ANNIVERSARY

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2014

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MAPA's Mission

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

MAPA's Vision

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



Michigan Academy
of Physician
Assistants



@MAPA_tweets

President's MESSAGE



Heather Klopp, PA-C

I can't believe that summer is almost over! It's been an exciting beginning as MAPA President, my husband and I welcomed another beautiful daughter into our family, two days before I took over as your Academy President. I am honored to be at the helm of this great organization and never imagined that I would be representing the 4000+ PAs in Michigan; I am also ecstatic to be celebrating MAPA's 40th Anniversary Gala at the Grand Traverse Resort this October! For the last 40 years, MAPA has been the integral resource for the physician assistants in Michigan-

advocating for our members, protecting scope of practice and educating the legislature to keep our profession in the forefront of patient care. There is no other group in the state or nation that watches over PAs and fights to uphold the strong practice standard that we have in Michigan. I am PROUD to be part of such a dynamic team of leaders that are dedicated to keeping Michigan a great practice state for YOU!

I became involved with MAPA as a student at University of Detroit Mercy and served as the student representative for MAPA, where I was introduced to PA leaders of Michigan. I got involved because I wanted to know more about the profession and what MAPA did for me. At first I didn't get it, I always heard that Michigan was a great state to practice as a PA, but **what I learned was WHY...** Thank MAPA and the work of the past presidents of this Academy for your ability to practice. I've been a PA for nine years and have always had the ability to write for controlled substances, perform Bus Driver physicals, prescribe handicap parking permits, and refer patients to Physical Therapy along with numerous other Public Acts that promoted the PA practice in Michigan; all of which occurred before I started practicing. From that point on, *I realized that it is my duty to safeguard my profession and it started by maintaining my membership with MAPA.* Since graduating in 2005, MAPA has worked to get reimbursement for PA first assists in surgery, allowed PAs to form PC and PLLC businesses, worked with MSMS & MOA to form a joint task force for future healthcare needs of Michigan patients and was involved in SB 384- which addressed PA limitations in hospital settings. Currently, MAPA is working with Senator Marleau on SB 568. This bill would help rewrite the Public Health Code and eliminate barriers to patient care by removing PA/physician ratios and maintain a team concept with physicians and NPs. This proposed bill would provide an answer to the controversial Senate Bill 2- a bill that would provide independence to Nurse Practitioners- it has passed the Senate and is currently residing in the House. MAPA continues to educate current legislators about our role in caring for patients of Michigan by continuing to be an answer to the ever present crisis of provider shortages, **BUT WE NEED YOU TO BE AN INVESTED OWNER TO HELP SUPPORT THIS EDUCATION!**

"Your membership provides a strong voice, resonating that the PAs in Michigan care about their future!"

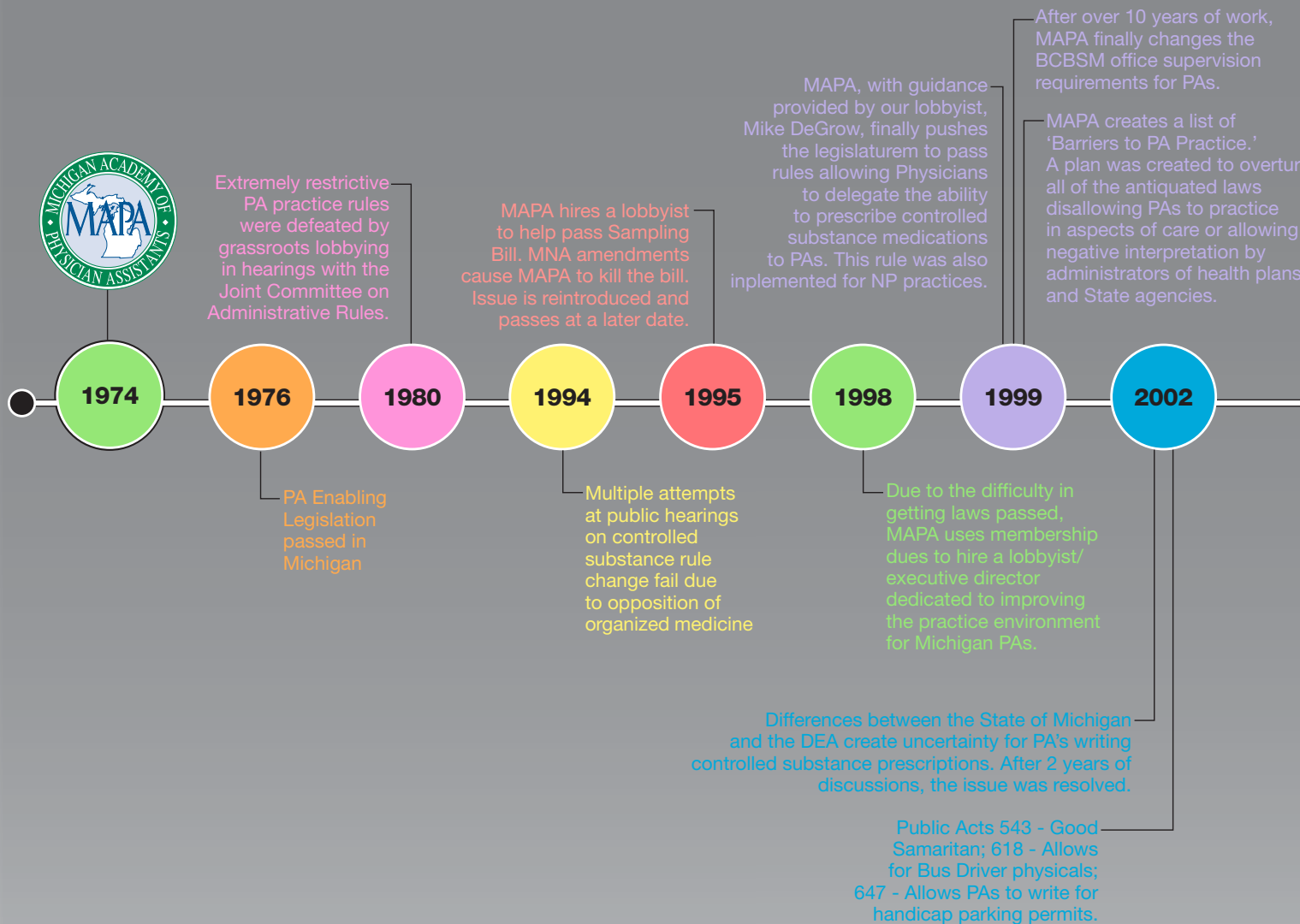
I recently had a conversation with a colleague who asked: 'Why she should be a MAPA member' and honestly I was surprised that she needed to ask! Your membership provides a strong voice, resonating that the PAs in Michigan care about their future! No one is better equipped to advocate for Physician Assistants in Michigan than you and I. MAPA needs your membership to continue to protect our ability to practice without compromising the integrity of the profession and providing quality health care to our patients! **I am asking for your support by becoming a MAPA member if you aren't already and if you are, I SINCERELY THANK YOU FOR YOUR CONTINUED SUPPORT!**

Kind Regards,

Heather Klopp, PA-C

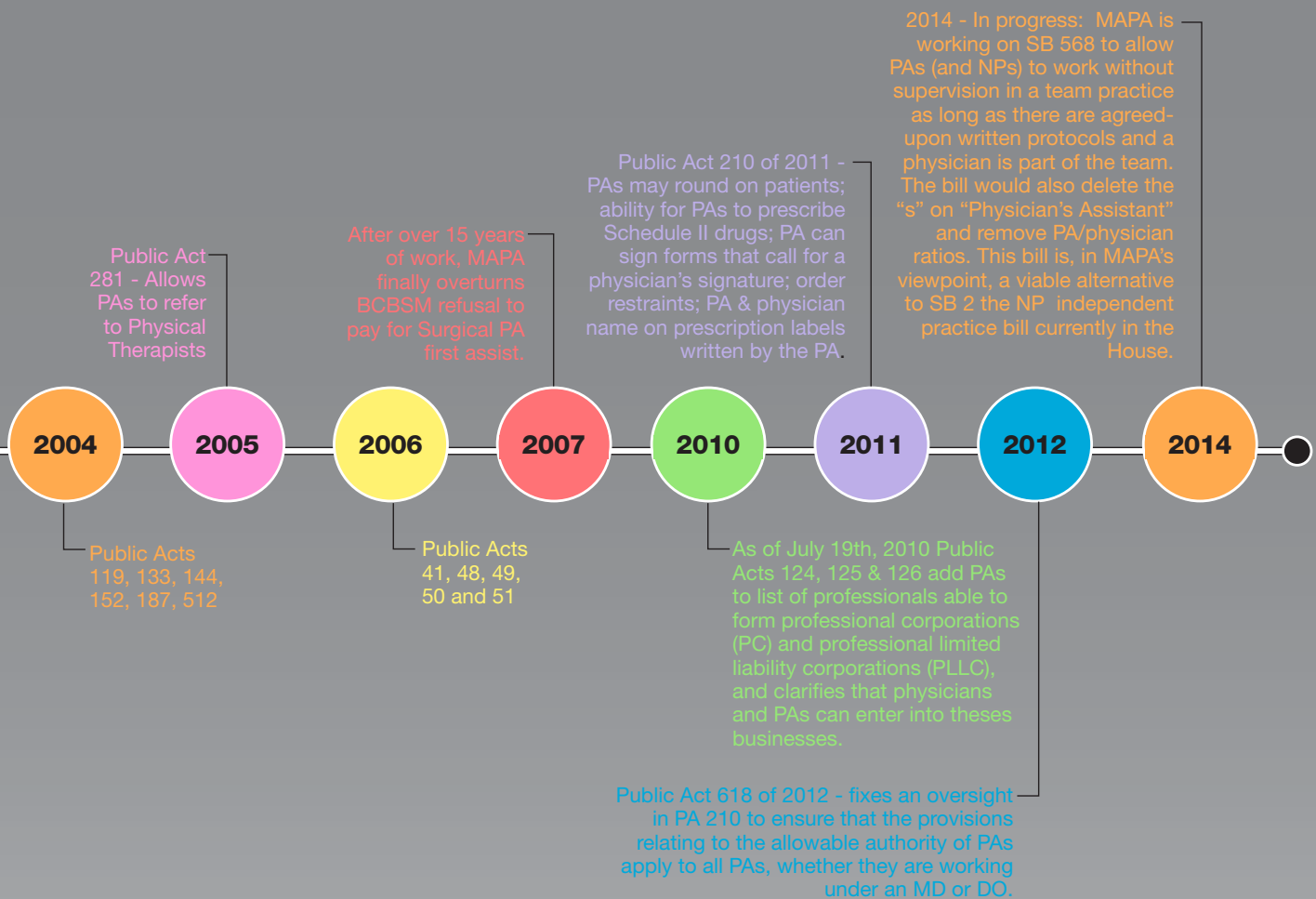
MAPA President, 2014-2015

MAPA on Guard- Through the Years



In keeping with MAPA's Mission Statement, which says: "The Michigan Academy of Physician Assistants is the essential resource for the Physician Assistant profession in Michigan and the primary advocate for PAs in the state", the Academy has been working tirelessly over the last forty years, advocating for its members and improving the profession's practice environment. Not only has MAPA been lobbying for improvements in the profession's scope-of-practice, but it has diligently been on guard and has fought against any attacks or erosion of the PA profession in Michigan.

This past decade has brought with it a major shift in how health care is and will be delivered. Unfortunately, the legislature with its continuing turnover due to term-limits, is an ever-changing landscape that has little or no consistency or continuity in its deliberations. This unpredictable environment, coupled with the Accountable Care Act (ACA), has created a setting where almost all health care professions are positioning themselves to fill the void left by an insufficient physician workforce.



Such is the case with PAs and NPs. MAPA has been instrumental in working on a bill that would update the PA practice code by streamlining current inefficiencies, maintain the team concept, and generally situate the profession in a positive standing in preparation for the ACA. Senate Bill 568, sponsored by Senator Jim Marleau, would rewrite the Public Health Code in Michigan and allow PAs (and NPs) to work autonomously within a team setting (under written protocols and without supervision) as long as a physician is a part of the team. It would also remove PA/physician ratios and delete the “s” from

“Physician’s Assistant” in the code. This bill is an answer to Senate Bill 2, the Nurse Practitioner independent practice bill, that passed the Michigan Senate and is currently in the House awaiting action.

For MAPA, the work never stops in defense of the profession and its members. As seen by the accompanying timeline, MAPA has made advancements that have enriched the PA working environment in Michigan for four decades. MAPA will continue to be there, as our Mission Statement promises, as the “...primary advocate for PAs in the state.”

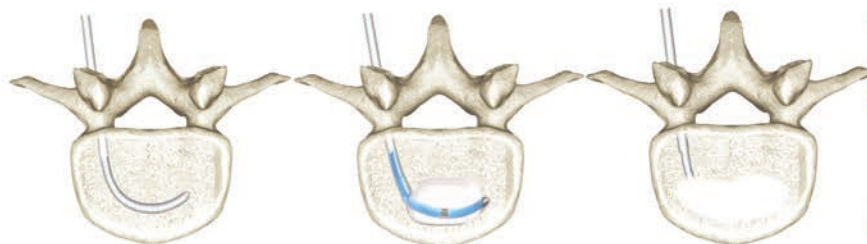
Reflecting Back 40 Years on Popular Items and What Was...

	1974	2014
MAPA President:	William Klerk	Heather Klopp
Average Income:	\$13,900	\$45,473
New Home Cost:	\$37,200	\$331,400
New Car Cost:	\$3,750	\$30,303
Gallon of Gas:	55 cents	\$3.63
First Class Stamp:	8 cents	49 cents
Ounce of Gold:	\$121.25	\$1309.30
Popular Films of 1974-	The Sting, The Exorcist, The Longest Yard, Blazing Saddles, Young Frankenstein, Serpico, Chinatown, The Towering Inferno	
Popular Music Groups of 1974-	ABBA, Beach Boys, Carpenters, Queen, Barry White, Joni Mitchell	
Popular TV Shows of 1974-	Kung Fu, The Waltons, Kojak, The Six Million Dollar Man, All in the Family	
People Who Died in 1974-	Bud Abbott, Dizzy Dean, Duke Ellington, Charles Lindbergh, Ed Sullivan	
People Born in 1974-	Ryan Seacrest, Leonardo DiCaprio, Jimmy Fallon, Amy Adams, Derek Jeter, Kate Moss	
Events/News Items/Facts from 1974-	OPEC ends oil embargo; Pres. Richard Nixon resigns; 55mph speed limit imposed to preserve gas; world population hits 4 billion; work begins on the Alaska oil pipeline; Hank Aaron breaks Babe Ruth's home run record; the first UPC is scanned; Rubik's Cube is invented; the book 'Jaws' is published	



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 - no Officer Candidate School or Reserve Officer Training Corps

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CPT Tina Corner - tina.m.corner.mil@mail.mil
517-481-9854

**MICHIGAN
NATIONAL
GUARD**

Sit-Down Interview with: AAPA President John G. McGinnity, MS, PA-C, DFAAPA

By Chris Noth, PA-C, FAPACVS

Q1. What are your goals for AAPA during your year as its' President?

In 2013, the PA profession saw dramatic improvements across the country as 42 states and the District of Columbia enacted PA-positive changes to laws and regulations. With the influx of patients and predicted physician shortages, I believe it is so important to continue this trend by fighting to remove barriers to PA practice. In Michigan we are fortunate to have such strong PA practice environment, but there are still a few issues to tackle. We need MAPA to continue its strong leadership and the AAPA stands ready to have yours and their back. AAPA is committed to optimizing the PA practice experience by working tirelessly toward a series of strategic goals and objectives that will ensure that America's PAs can practice to the fullest of their potential.

Q2. How important is it for constituent organizations (CO) and AAPA to co-exist?

It's imperative that AAPA and constituent organizations like MAPA co-exist so that we can work together and support each other in our shared quest to advance the profession. Our state and national advocacy efforts need to be synchronized with each other. AAPA is committed to harnessing the power of the PA voice and that voice is only as loud as the number of constituent organizations joined together for our common interests. PAs that participate in and lead our COs are incredibly valuable advocates for the profession, and AAPA is eager to support the constituent organizations with resources to help improve their members' careers and practice.

Q3. What is impacting the PA culture and work environment?

Our healthcare system is going through a complete overhaul and change is coming at it – and us – from all angles. The result is a perfect storm, full of elements that are rapidly reshaping the way we care for patients.



Chris Noth, PA-C, FAPACVS, left, with AAPA President John G. McGinnity, MS, PA-C, DFAAPA

There is a shift of focus from the volume of care provided to the quality of that care. Add to that an increasing adoption of information technology, emergence of consumer-centric health markets and a greater emphasis on prevention and you have a major convergence of market forces causing tremendous disruption.

With this disruption, however, come opportunities. We [PAs] are educated as medical generalists and maintain that knowledge throughout our careers. As result of this, we are extremely flexible and able to adapt to new expectations.

Q4. What can constituent organizations and PAs do to become more visible to the medical community?

AAPA will leverage our data, relationships and industry expertise to help raise the visibility of PAs, but there are certainly ways that PAs and COs can amplify those efforts at the local level.

One way to become more visible in the medical community is to assume roles that position PAs as leaders in a practice, a hospital or even in a whole hospital system.



Taking up open positions on hospital committees or in administrative and hiring roles can help elevate the ways PAs are seen by peers, executives and help influence how PAs are being hired and utilized.

Accountable care organizations and clinically integrated organizations are highly coordinated care models with a focus on medical performance metrics, an emphasis on the patient and the efficient delivery of health care.

PAs are ideal to serve as leaders in the role of ACO managers, because these models emphasize coordination of care, a hallmark of the PA profession. After all, cost effectiveness will become increasingly important in healthcare, and that's where PAs bring the great value.

A very concrete way to become more visible is to become a sought-after expert within your practice. Regardless of the specialty we may practice in, we are treating patients with diabetes. There are resources at AAPA that can help PAs enhance their knowledge of diabetes and become the go-to person that patients want to see and the practice refers too.



A tool like the Diabetes Leadership Edge from AAPA can help PAs become expert care providers in diabetes and keep patients on track with their treatment.

Q5. Where do you see the PA profession in five years and ten years?

Booming. Let's not forget that there are 95,000 PAs practicing medicine today, and more than 7,000 are entering the workforce each year.

Five and even ten years from now, I want to see PAs practicing to the fullest extent of our education and license. I would also like to see more PAs in administrative roles at hospitals and health systems, because that's how we can influence and improve the hiring climate of PAs.

Not that PAs are hard pressed to find work, quite the opposite is true. PAs are in steep demand, but there are only a few PAs right now making hiring decisions in their hospital. If more PAs were to take on administrative roles, it could increase the number of PAs being hired and promoted to even more administrative roles. It's a vacuum in healthcare that has traditionally been filled by physicians and nurses and can lead to preferential hiring to those professions. We are a dynamic and growing profession and if PAs can fill these vacuums in the healthcare system, it can work to elevate the profession in new ways.

Q6. How can current PAs prepare for future healthcare changes?

I hate to break it to you but: The future is now. You need to be asking yourself – how am I going to practice medicine tomorrow? What do I need to do in order to be able to adopt new behaviors, grasp new technology and learn new rules and protocols as the law, the marketplace and technology are swirling with change around us.

As the healthcare system is soon to be flooded with new patients, how and where we treat patients is continually



Sit-Down Interview with: AAPA President John G. McGinnity, MS, PA-C, DFAAPA *continued from page 4*

changing. One way to prepare for these changes is by relying on the resources AAPA provides to keep PAs ahead of the curve. Proven practice resources like UpToDate and Ovid MD can help you on the clinical side of medicine, while tools like our Salary Report can help you earn your true value on the business side.

Another great resource for PAs is Learning Central. A one-stop shop for all of your CME and professional development needs. There are:

JAAPA CME post-tests – Read CME articles from JAAPA, complete post-tests and earn Category 1 CME credit.

CME catalog – A robust collection of more than 400 online CME activities. Filter by topic area and disease or search by keyword to quickly find the activity that meets your needs.

There is also a way to save future CME activities to a curriculum, a virtual transcript and an in-depth resource library.

Q7. What message do you want PAs to hear from AAPA and your leadership?

AAPA has your back and wants to ensure that all PAs have everything that they need to be the best clinicians possible, so that our patients have access to the best care possible.

To that end, AAPA is following a strategic plan that drives every aspect of our activities and core values. We are laser focused on key initiatives such as reducing practice barriers, increasing awareness of PAs, creating a one-stop online destination for PAs and making sure our members are not only satisfied but have an edge in the marketplace.

We've already been working toward these goals, especially removing practice barriers and engaging the media to elevate the awareness and education about PAs. We have a three-year public awareness campaign to make the initials "PA" as recognizable as the initials RN, NP, DO or MD. This campaign will culminate in the 50th anniversary of our profession, and you may have already seen stories about PAs in the Wall Street Journal, New York Times, NPR and dozens of newspapers, magazines, TV news programs and radio programs.

Yet we cannot do any of this without support from you -- PAs. That means becoming a member of AAPA or MAPA and supporting these goals. It means being an active advocate for the profession – no matter if your efforts are focused on legislation, elevating awareness of PAs or practicing the best medicine you can.

Q8. How did MAPA leadership prepare you for the national leadership level?

Being a leader of the Michigan Academy really prepared me for national leadership in so many ways. Shortly after getting out of PA school I joined the public relations committee for MAPA. I was "hooked" from that first day at being involved in the academy. I have truly appreciated the ability to be a PA each and every day since then, and at MAPA, I found very dedicated PAs willing to sacrifice their personal time to make our practice environment better for all PAs in the state.

Previous PA leaders have shown that all it takes is someone willing to step up to make a difference. Because of volunteers at MAPA who came before my colleagues and I, our state is a model of PA practice laws.



As I progressed to new committees or Board positions at MAPA, I was able to learn a variety of things from those leaders and took that experience to AAPA.

Here we are working very hard to make sure all PAs benefit from our collective work to promote the profession. We

have a very dynamic plan to make sure PA becomes a term every American is aware of and that PAs will be leaders in the health care environment for years to come.

Q9. What is your passion and drive for the PA profession?

It is my dream to see every PA practicing to the fullest extent of their license and education, in every setting and specialty that medicine has to offer. Furthermore, I want PA to be a “household name.” It’s not going to be easy – but the last few years have proven that PAs’ role in healthcare is increasingly understood, recognized, and above all, valued.

Q10. Do you feel that MAPA is doing all it can to support Michigan PAs and is MAPA a strong CO?

I think Michigan PAs leading MAPA are once again doing excellent work to improve the practice environment in the

state. There are certain pieces of legislation that would benefit from support of PAs.

For example, Senate Bill 568 in the Michigan legislature updates key sections of the state’s public health code. The bill modernizes how medicine is regulated in the state and focuses on a patient-centered model of care. Supporting legislation like this takes no more effort than an email to your representative.

I think a challenge we can tackle is getting in front of healthcare administrators and ensuring that people at all levels of healthcare understand the value of PAs. But I’m up for the challenge and I think Michigan PAs are up to the challenges ahead because Michigan needs PAs, just like America needs PAs.

TraMADol Changing to Controlled Substance Status

We want to alert Michigan PAs that a planned change to the medication TraMADol took place on August 18, 2014. This medication and all products containing TraMADol has changed from Legend to a Schedule IV controlled-substance.

1. What is occurring?

TraMADol and all products containing TraMADol will be changing prescription status from Legend to Schedule IV controlled-substance. To this status change response, pharmacies and health care institutions will update their databases and the TraMADol and Acetaminophen-TraMADol order catalogs to ensure all regulatory requirements applicable to Schedule IV controlled-substances are met.

2. Why is this change occurring?

On July 2, 2014- the DEA published in the Federal Register the final rule placing all TraMADol containing products into Schedule IV of the Controlled Substances Act. This rule became effective August 18, 2014 when all regulatory requirements applicable to Schedule IV controlled substances will apply.

3. What is the scenario for the Providers/Users?

For Prescribers, the change of legal status will not affect favorites. Discharge prescriptions will have to meet all the regulatory requirements applicable to Schedule IV controlled substances. The Prescriber’s DEA number will need to be on the prescription as well as all other necessary controlled substances prescription information, and appropriate limitations on the number of refills.

Of note, patients that have outpatient prescriptions for TraMADol (Ultram, Ultram ER) or Acetaminophen-TraMADol (Ultracet) filled as a non-controlled medication, any remaining refills **will not** be honored after August 18, 2014. A new prescription will be required.

MAPA is Making Strides Towards AAPA's Initiatives

If you have ever wondered why you are asked to donate to PAMPAC or for your new or continued membership in MAPA, it is so that we can legislatively advocate for all PAs in Michigan. It is perplexing and discouraging to see that only 20% of Michigan PAs support MAPA with their membership and yet, still all Michigan PAs benefit from this 20% support and the diligent work of MAPA on your behalf. Below is an example of MAPA's effort on your behalf; these efforts may go unnoticed, but they help provide a positive PA working environment in Michigan.

The AAPA has identified **Six Key Elements** that should be in every state's PA practice act; to ensure effective and efficient patient care delivery by PAs. State laws have far-reaching effects on PA practice and patients' access to care.

As the PA profession grew, states saw the need to address PAs tasks and services and include them in their laws. Initially, this was impractical, due to *first-* physician-PA teams practice in all specialty and practice settings, making a very exhaustive list of services a PA could provide. *Secondly-* the speed of state law revisions could not keep pace with the rapidly evolving field of medicine. Procedures and technologies once thought of as novel are quickly becoming commonplace. A Minnesota Department of Health workforce study recommended the removal of legal barriers

that keep PAs from practicing 'at the top of their education and capacity.' Therefore, to ensure that PAs can practice to the full extent that they are able, AAPA strongly recommends *Six Key Elements* be included in every modern PA practice act.

The Six Key Elements of a Modern PA Practice Act are:

1. "Licensure" as the Regulatory Term

- A minority of states still use language that AAPA is encouraging them to move away from (like 'certification' or 'registration') and use the term 'licensure' to describe the process by which a state authorizes PAs to practice.

2. Scope of Practice Determined at Practice Site

- PA scope of practice is based on the supervising physician's delegating decisions and the training and experience of the PA. The restrictions that the state could apply to PAs would lead to inefficiencies and limit access to care. To avoid this, the law should require that the supervising physician and PA jointly establish outlines of the PA scope of practice.

3. Adaptable Supervision Requirements

- Physician supervision is a fundamental aspect of

PA practice. It is essential that state laws and regulations do not delineate supervision restrictions as a "one size fits all" approach to supervision. A more adaptable approach allows physician-PA teams to provide better care to more patients.

4. Full Prescriptive Authority

- PAs derive prescriptive authority (of medications including Schedule II-V controlled substances) from delegation by a supervising physician; physicians may also customize that delegated authority. Laws that restrict the ability of supervising physicians to delegate prescriptive authority to PAs have the potential to cause interruptions in the delivery of care. In order to provide effective and timely care, PA prescriptive authority should be determined at the practice level by the supervising physician.

5. Chart Co-Signature Requirements Determined at the Practice

- Chart co-signature or counter-signature is one method that some physician-PA teams use to ensure that the supervising physician is providing oversight to the PA. Some state laws contain rigid chart co-signature requirements, forcing physicians to spend time inefficiently. Ideally, physician co-signature should only be required when the supervising physician, the PA or the facility determine that it is necessary.

6. Number of PAs a Physician may Supervise Determined at Practice Level-

State laws and regulations should not include a specific numerical limit on the number of PAs that one physician may supervise. The number should depend on several unique factors for individual situations, including: the training and experience of the PA (s), nature of the practice, complexity of the patient population and the physicians

supervising approach. The principle that physicians at the practice level should determine the number of PAs they supervise is supported by the AMA, ACEP and SHM.

The state laws and regulations governing PA practice serve to protect the public from incompetent non-physicians and help to define the role of PAs in the health care system. As the knowledge base about PA practices grows, the laws

and regulations will evolve, enabling PAs to practice fully and efficiently, while protecting public health and safety. Currently, the state of Michigan, through MAPA's efforts, has worked towards and implemented five of the six *Key Elements* identified by AAPA; and is working on legislation to approve the last *Key Element*, number six. **This is accomplished through your membership dollars and the work of MAPA Board members.**



Invest in your future as a Physician Assistant

Join MAPA TODAY!

In the coming months, MAPA will be introducing several new benefits that will be available only to MAPA members. These benefits will help you in your practice, in your career advancement and be specific only for Michigan PAs.

The Michigan Academy of Physician Assistants advocates and protects your privilege to practice medicine in Michigan. No other organization, either national or specialty, has the ability to work as hard and focused to protect its PAs right to practice medicine in Michigan, as MAPA does.

Join MAPA today, there is power in numbers and with a stronger voice, there is no limit to our ability to advocate for you.

You can join MAPA by visiting the MAPA website at: www.michiganpa.org

If your employer reimburses for association dues, MAPA membership should be first on your list for dues reimbursement. If you join under the Automatic Annual Renewal Program, you will receive a 10% reduction in dues amount. We value your participation and look forward to working with you to keep Michigan a PA-practice friendly work environment.

40th



ANNIVERSARY



**Early
Registration
Deadline
Extended
Until Friday,
September 26th**
Online at www.michiganpa.org

2014

MAPA Fall

October 9-12
Grand Traverse
Resort & Spa



Not To Be Missed!

WEDNESDAY:

- MAPA Golf Outing from 1pm-6pm

THURSDAY:

- CME Sessions

"Great conference, MAPA! Nice variety of lectures and very high quality of presenters, overall!"

- MAPA BOD Meeting
- Exhibit Hall Opens

"The people who visited our booth were friendly and very interested in our product, very appreciated!"

- 'Wines & Steins' Tasting
- Workshops
- 'Welcome Reception'
- PAMPAC Donation Drive
- Family Fun Night

Registration, preliminary agenda, charity needs and hotel information
are found on-line at www.michiganpa.org

CME Conference

EARN UP TO
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FRIDAY:

- 'Issues & Answers' Session
 - Keynote Address:
AAPA President John McGinnity, PA-C
- Exhibit Hall Opens
 - CME Sessions
- Workshops
 - 'Leadership Forum'



[Did you know that three former MAPA Presidents have gone on to be AAPA Presidents!]

- University Receptions
 - Student Quiz Bowl

SATURDAY:

- CME Sessions

"MAPA makes me proud to be a PA. I look forward to this conference every year!"
- 5K Fun Run
- Workshops
 - PA Foundation 'Silent Auction'
- MAPA's Gala with entertainment



SUNDAY:

- CME Sessions

"The diversity of the speakers and the topics was the best I have seen in years. Very organized. Great job!"



This Years Itinerary:

WEDNESDAY, OCTOBER 8TH

1:00 PM - 6:00 PM

MAPA Golf Outing – open to all (ticketed event)

5:00 PM – 7:00 PM

Registration Open

THURSDAY, OCTOBER 9TH

7:00 AM – 5:00 PM

Registration Open

7:25 AM – 7:35 AM

Welcome to the Conference

7:35 AM – 8:35 AM

Opening Session/Breakfast: HPRP

8:40 AM – 9:40 AM

Nuts & Bolts of Antibiotic Therapy
Fall in the Elderly

9:50 AM – 10:50 AM

Pain Management
Trigeminal Neuralgia

10:55 AM – 11:55 AM

Physical Medicine and Rehabilitation
Diabetes Update

12:00 PM – 1:00 PM

Lunch: Managing the Risk of Hypoclycemia
in Older Patients with Type II Diabetes
Mellitus

1:00 PM – 5:00 PM

Exhibit Hall Open

2:00 PM – 3:00 PM

Differential Diagnosis of Knee Pain
Lab Tests for Narcotic Compliance and
Diversion

2:00 PM – 4:00 PM

Wines & Steins Tasting (ticketed event)

3:00 – 5:00 PM Workshops

Neurology Case Studies (comp.)
BLS Renewal (ticketed event)

3:10 PM – 4:10 PM

Cancer Risk Assessment

4:15 PM – 5:15 PM

Assault Prevention for PAs

5:30 PM – 7:00 PM

MAPA's Welcome Reception with PAMPAC

7:30 PM – 10:00 PM

Family Fun Night – Details to come!

FRIDAY, OCTOBER 10TH

6:45 AM – 5:00 PM

Registration Open

6:55 AM – 7:00 AM

Daily Update by CME Chairperson

7:00 AM – 8:00 AM

Breakfast: State of the Academy and Issues
& Answers

8:00 AM – 9:00 AM

Keynote Address by AAPA President

9:00 AM – 4:00 PM

Exhibits Open (closed from 12pm – 1pm)

9:00 AM – 11:00 AM Workshop

BLS Renewal

9:50 AM – 10:50 AM

'Leadership Forum' – Many Faces of PA
Leadership

Common Presentations, Uncommon

Diagnosis

The Addicted Brain: Opioid Epidemic

10:55 AM – 11:55 AM

Management TBI/Concussions in Pediatric
Athletes

Update on Anti-Thrombotic Therapy

12:00 PM – 1:00 PM

Lunch: Reducing the Risk of Stroke and
Systemic Embolism...

1:05 PM – 2:05 PM

Pandemic H1N1: 2009 and Today
Appropriate Use of Drug Products
Concerns, Issues and Improvement Ideas –
Student Lecture Series

2:00 PM – 5:00 PM Workshop

Lumbar Puncture & Thoracentesis
Procedures (ticketed event)

2:10 PM – 3:10 PM

Estate Planning Basics
Women and Heart Disease Professionalism in
Your Career – Student Lecture

3:20 PM – 4:20 PM

Diagnosing Heart Disease with Cardiac CTA
Debunking Fad Diets
Transitioning from PA School to Practice

4:25 PM – 5:25 PM

Newborn Screening: Congenital Heart
Disease
Chickenpox and Shingles: What the Primary
Care PA Needs to Know

6:00 PM – 8:00 PM

University Receptions

7:30 – 10:00 PM

Family Fun Night

8:00 PM – 10:00 PM

MiPAF Student Quiz Bowl

SATURDAY, OCTOBER 11TH

7:00 AM – 5:00 PM

Registration Open

7:25 AM – 7:30 AM

Daily Update by CME Chairperson

7:30 AM – 8:30 AM

Breakfast: Improving the Identification and
Management of Osteoporosis: A Curriculum
for the PCP

8:35 AM – 9:35 AM

Eliminating Suicide
The 5 Physio. Of Congenital Heart
Disease

9:00 AM – 10:30 AM

5K Fun Run, 1-Mile Wake-up Walk and
1-Mile Kids Trot

9:00 AM – 12:00 PM Workshop

Basic and Advanced Suturing (ticketed event)

9:45 AM – 10:45 AM

Slowing CKD Progression
Update on Adult Immunizations

10:50 AM – 11:50 AM

Defeating Heavy Painful Periods
Evaluation of Elevated Liver Enzymes

11:55 AM – 12:55 AM

Lunch: PA Reimbursement Questions

1:00 PM – 2:00 PM

Advancements in Vertebral Augmentation
NCCPA Update on PI-and SA-CME

1:00 PM – 3:00 PM Workshop

Casting (ticketed event)

2:05 PM – 3:05 PM

Legal Compliance and Risk Assessment
Pathogenesis and Review of Anemias

3:15 PM – 4:15 PM

Carotid Disease
HIV and HCV Testing

4:20 PM – 5:20 PM

Charcot Joints
Available Veteran Benefits

5:30 PM – 7:00 PM

MiPAF Silent Auction

7:00 PM – 10:00 PM

MAPA's 40th Anniversary Gala
Dinner, Drinks and Entertainment you won't
want to miss! (ticketed event)

SUNDAY, OCTOBER 12TH

6:45 AM – 10:30 AM

Registration Open

6:55 AM – 7:00 AM

Daily Update by CME Chairperson

7:00 AM – 8:00 AM

Breakfast: Update on Rheumatoid Arthritis
Treatments

8:00 AM – 9:00 AM

Platelet Rich Plasma (PRP) and Tendinopathy:
Efficacy or Illusion

9:00 AM – 10:00 AM

Peripheral Vertigo

10:10 AM – 11:10 AM

Precepting

11:15 AM

Conference Adjourns



2014 MAPA Fall CME Conference

October 9-12 • Grand Traverse Resort & Spa

REGISTRATION FORM

**Register
Online at
MichiganPA.org
Today!**

MEMBERSHIP JOIN/RENEW OPTIONS

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

Fellow ☐ \$175 1st Year Fellow ☐ \$100 Student ☐ \$25

Associate ☐ \$100 Affiliate ☐ \$50

TOTAL MEMBERSHIP FEE (A) \$ _____

FULL CONFERENCE REGISTRATION FEES

Early Bird Registration ends September 26th

*Registration fee includes scheduled breakfasts, breaks, & lunches.

* MAPA Member

☐ \$350 Early Bird ☐ \$400 Standard

* Student MAPA Member

☐ \$100 Early Bird ☐ \$150 Standard

Non-MAPA Member

☐ \$600 Early Bird ☐ \$700 Standard

Student Non-MAPA Member

☐ \$150 Early Bird ☐ \$200 Standard

Non-PA Spouse

☐ \$250 Early Bird ☐ \$300 Standard

40th celebration T-shirt size (included with registration)

☐ small ☐ medium ☐ large ☐ x-large ☐ xx-large ☐ no shirt

1 DAY CONFERENCE REGISTRATION FEES

*Registration fee includes scheduled breakfasts, breaks & lunches.

SELECT DAY: ☐ THURSDAY ☐ FRIDAY ☐ SATURDAY ☐ SUNDAY

MAPA Member ☐ \$150

Non-MAPA Member ☐ \$250

Student MAPA Member ☐ \$50

TOTAL REGISTRATION FEE (B) \$ _____

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

WORKSHOPS/EXTRA ACTIVITIES

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

Workshops

Thursday, October 9

BLS Renewal (Limit 20) \$35 x (qty)= \$ _____

Neurology Case Studies Complimentary # _____ attending

Friday, October 10

BLS Renewal (Limit 20) \$35 x (qty)= \$ _____

Friday Lumbar Puncture \$35 x (qty)= \$ _____

Saturday, October 11

Basic Suturing (Limit 30) \$25 x (qty)= \$ _____

Advanced Suturing (Limit 30) \$25 x (qty)= \$ _____

Casting \$25 x (qty)= \$ _____

Extra Activities

Wednesday, October 9

Golf Outing \$80 x (qty)= \$ _____

Thursday, October 10

"Wines & Steins" Tasting (Limit 100) \$25 x (qty)= \$ _____

Saturday, October 11

5k Run, 1 Mile Wake-Up Walk and/or 1 Mile Kids Trot Complimentary # _____ attending

MAPA Member's Gala \$25 x (qty)= \$ _____

TOTAL WORKSHOPS/EXTRA ACTIVITIES FEE (C) \$ _____

REGISTRANT INFORMATION

☐ PA-C ☐ PA-S ☐ Other: _____

First Name _____

Last Name _____

Organization _____

Address _____

City _____ State _____ Zip _____

Phone _____

Fax _____

Email _____

☐ Special Dietary Needs _____

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

☐ CMU ☐ EMU ☐ GVSU ☐ UDM ☐ WMU ☐ WSU

PAYMENT INFORMATION

TOTAL FEES ENCLOSED (A+B+C): \$ _____

☐ Check # _____ (Payable to: MAPA)

☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Credit Card # _____

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

Billing Name _____

Billing Address _____

Billing City, State, Zip _____

Name as it appears on Card _____

Authorized Signature _____

Please mail registration form with payment to:

MAPA • 1390 Eisenhower Place • Ann Arbor, MI 48108 or

Fax to 734-677-2407

PAYMENT AGREEMENT: This registration form serves as a contract between the conference registrant and the Michigan Academy of Physician Assistants. Payment for the services provided by the Michigan Academy of Physician Assistants is the responsibility of the conference registrant. Payment in full will remain due if the registrant is absent or cancels after September 26, 2014. The conference registrant agrees to these terms and the contract becomes active upon receipt of the registration form to the Michigan Academy of Physician Assistants.

CANCELLATION POLICY: All cancellation requests must be submitted in writing to the MAPA office, postmarked by September 26, 2014. All refunds are subject to a \$50 processing fee. There will be No Refunds issued after the September 26, 2014 deadline. There are no refunds for membership dues or pre-paid/unattended Workshops or Extra Activities.

HOTEL RESERVATIONS: The Grand Traverse Resort will be offering a discounted room rate for MAPA conference registrants. Reservations can be made by either calling (231) 534-6000 or www.grandtraverseresort.com. Be sure to mention you are a MAPA conference attendee. Registrants are responsible for their own hotel reservations.

PHOTO DISCLAIMER: Please be aware that this registration form also serves as an agreement to appear in photographs taken at the 2014 MAPA Fall Conference. And that these photos may be used for publicity or general information purposes and may be seen by the general public.

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'Angel House'

2014 MAPA Fall CME Conference Chosen Charity

CHiLD and FAMiLY Charities was established in 1911 as the Ingham County Branch of Michigan Children's Aid Society. The agency's founding purpose was "to secure for every child the same love and the same opportunity that we would have our children receive should they be left orphaned or friendless." Over the years, the agency has evolved into a multi-service organization serving diverse populations in the central Michigan region. CHiLD and FAMiLY Charities is recognized by the Council on Accreditation- Services for Family and Children for meeting "the highest standards of professional performance."

Angel House was established in 2006 and is located in Mason, Michigan. In 2010, Angel House successfully transitioned from a

children's emergency shelter to a residential program for at-risk pregnant and parenting girls. The change resulted from a growing need in the foster care system and the lack of a specialized transitional living center in the mid-Michigan region.

The mission of Angel House is dedicated towards helping young mothers become nurturing parents and productive members of the community.



Charity Donation Wish List

Clothing (New clothing only)

Pajamas (PJ pants and shorts)
Sweat Pants (adult sizes M, L, and XL)
Hooded Sweatshirts (adult sizes M, L, and XL) T-shirts (adult sizes M, L, and XL)
Women's Underpants
Women's Socks
Baby Goods
Pull-ups (all sizes)
Wet Wipes
Baby lotion
Shampoo
Powder
Diapers (MOST NEEDED ITEM OF ALL!!!)
New baby bottles
Infamil formula

Activities/Toys/Gift Certificates

Bead/Craft Kits
Backpacks
Bike Helmets (adult sizes S, M, L)
Baby/Toddler Toys & Gift Certificates -
(Payless Target, Meijer's, WalMart, Babies
R' Us, any fast food restaurant)

Household Items

Cleaning Supplies (no pine scented)
Dish Soap
Dishwasher Detergent
Clorox Wipes
Bleach

Laundry Detergent
Plastic Kids Cups
Plastic Food Containers
New Pie Tins
Frying and Cake Pans
New Kitchen Utensils
Plastic Storage Bins
New Bath and Kitchen Towels
Sponges and Scrub Brushes

Hygiene Products Deodorant

Hairbrushes and Combs
Feminine Products (pads and tampons) Women's Razors
and Shaving Cream
First-aid Supplies
Sunscreen
Toothpaste
Shampoo/Conditioner
Body Wash
Hand Sanitizer
Cotton Balls

All donations will be accepted during the conference; please bring your donations to the conference venue and drop them off at the Angel House donation table. The six Michigan PA schools will be having a charity donation contest to see which school has the largest and variety filled donation; these donations will be judged prior to the Student Quiz Bowl on Friday evening of the conference. They are playing for 'pride' not prize.

Excerpts from a recent NCCPA Statistical Profile-

- Over a ten-year span, the number of certified PAs increased 219%, 2003-2013.
- Michigan ranks 7th in number of certified PAs
- The median age of certified PAs is 38
- Female: Male ratio is 66%:34%
- The average PA program is 26.4 months long
- ARC-PA states that all PA programs must offer at least a Master's degree program by 2020
- Forbes magazine ranked the Master's Degree in PA studies as the #1 degree for jobs, with a 20% growth rate in the profession
- 27.7% of certified PAs work in primary care, ~21% in surgery and 14% in Emergency Medicine
- Michigan has 27.2% of PAs in primary care
- PAs average 40.57 hrs. /week and see approx. 70 patients/week
- 78.1% of recent graduates had multiple job offers, with 52.3% having three or more job offers
- A recent New York Times article touts PAs as: "one of the fastest-growing professions in the country and critical to the future of cost-effective, quality healthcare delivery in the U.S."
- A U.S. News & World Report stated: "More and more, PAs are becoming familiar players on the healthcare team. Physician assistants undergo intensive medical training and provide many of the same services as doctors."

HAIL TO THE VICTORS VALIANT



As a Physician Assistant seeking to make the most of your career, while also making the most difference for those you serve, there's only one place to be – here with us. With a range of opportunities as diverse as our patient population, the University of Michigan Health System offers Physician Assistants:

- Rewarding, life-changing PA positions in more than half of our 65 clinical specialties
- Unmatched technological and diagnostic capabilities, and endless innovation
- Strong, thoughtful benefits that acknowledge your contributions at work, and your priorities at home

That's the Michigan Difference – having pride in exceptional performance, but never ceasing to strive for improvement and greater impact.

To learn more, and to apply online, visit umhscareers.org today.



The University of Michigan is an equal opportunity/affirmative action employer.

The Power of a Strong Academy

I have been a physician assistant for nearly 23 years and I have practiced in four different states: California, New Mexico, Texas and Michigan. During my career, I have been a member of AAPA and also of the various state academies as a resident of those states.

I really felt that it was an ethical obligation to support my professional organizations.

As a student in the Texas PA program, we were definitely indoctrinated with this value of belonging to our state academy by our PA instructors. So when I wanted to relocate to Michigan seven years ago, it seemed natural for me to join MAPA. Besides wanting to support my state academy through membership, I wanted access to the job bank (currently called the Career Center) to look for employment opportunities that MAPA offered to its members. I was really surprised to find out just recently that less than 20% of the practicing physician assistants in Michigan are members of MAPA.

Why is the support for MAPA so meager, considering that there are slightly more than 4000 practicing PAs in Michigan? We enjoy a great PA practice environment here in Michigan and MAPA's lobbying efforts on the state level have been instrumental in placing us as PAs in a great position. A lot of this unseen work and effort occurs by the volunteers that make up MAPA's board and by our own salaried Executive Director/Lobbyist; who has been invaluable in the support of the PA profession in Michigan. So, is the low membership percentage a reflection of fact that the practicing PA does not realize the work that MAPA does to keep this working environment favorable to PAs? Could the cost of a membership be an obstacle? Dues for an annual fellow membership in MAPA are \$175 (10% off for an automatic annual renewal). This yearly membership dues is the same as the California and Texas

academy's that I have joined in the past. In my experience, most employers reimburse PAs for their national and state membership dues, especially if this is presented by the PA as an important part of the employment package. Therefore, cost for a MAPA membership should not be the obstacle.

After graduating from PA school in 1991, I felt the urge to go west to Los Angeles. I was working in a family practice in the San Fernando Valley, managed care was in vogue at that time and healthcare in California was in turmoil. I was a member of the California Academy of Physician Assistants

(CAPA) from 1991-1995; and during that period, CAPA worked hard to get PAs prescriptive privileges. It is probably hard to believe for the newer members of our profession that at one time, we had to fight for this privilege. CAPA had to do some intense lobbying to overcome resistance from the state Boards of Pharmacy and Nursing to achieve that victory. As a young PA and just starting my practice, I was glad to have a competent state organization that had my back on these regulatory issues.

My wife and I went through the Rodney King riots, the Northridge earthquake and a gang war in Venice during our time in California. We were eager to move on after these events and I was able to work out a deal in New Mexico to

"I really felt that it was an ethical obligation to support my professional organizations."



staff a frontier medical clinic for student loan repayment. I worked as a PA in New Mexico from 1996-2001 and I was a member of that state academy (NMAPA). NMAPA's efforts were instrumental in setting up that state's first PA program at the University of New Mexico. That program has gone on to train many PAs who serve throughout that state.

After I finished my loan repayment, we moved back to Texas and I went to work for a family practitioner in the deep south of Texas. I became a member of the Texas Academy of Physician Assistants (TAPA) from 2001-2007; TAPA was key in winning PAs prescriptive privileges for controlled substances. Here again, a great deal of lobbying had to be done to overcome resistance from competing professional organizations. Lobbying efforts requires time, money and people who can navigate the state political landscape; these victories do not come cheap or easy.

After some time in Texas, I decided to return to Michigan, where I am originally from. I had always liked Marquette, so as before, I joined MAPA for professional duty and for the offered benefits. One of the benefits was the job bank (now called the Career Center) that MAPA offered to members, to assist them in finding PA employment.

Our profession is about to evolve in ways that Dr. Stead could not have imagined when he put together the first PA program at Duke, back in 1965. We are leaving an era of being mid-level providers and becoming Advanced Practice Clinicians. The requirements of the Affordable Care Act and Patient Centered Medical Homes will drive the need for patient care to be delivered by teams of professionals. To that end, we will need a competent state academy to support us throughout this time of change. MAPA has done a great job creating a physician/PA team relationship that does not have all the cumbersome regulatory requirements of these other states. Physician assistants in this state have a lot to be grateful for. Please encourage your colleagues to support MAPA, your profession and help keep Michigan as a healthy PA work environment, by becoming a member of this academy.

It is an investment in your future.

Michael J. White, PA-C is a practicing Physician Assistant in the Emergency Room at Marquette General Hospital and is currently the MAPA Region I Representative.

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

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

State Law Regarding Proper ‘Controlled Substance Prescriptions’

PART 6. DISPENSING AND ADMINISTERING PRESCRIPTIONS

R 338.3161 Controlled substance prescriptions.

Rule 61. (1) A prescription that is issued for a controlled substance shall be dated and signed when issued and shall contain all of the following information:

(a) The full name and address of the patient for whom the substance is being prescribed.
(b) The prescriber's drug enforcement administration (dea) registration number, printed name, address, and professional designation.

(c) The drug name, strength, and dosage form.

(d) The quantity prescribed. For a prescription received in writing, the prescription shall contain the quantity in both written and numerical terms. A written prescription is in compliance if it contains preprinted numbers representative of the quantity next to which is a box or line the prescriber may check.

(e) The directions for use.

(f) In addition, if the prescription is for an animal, then the species of the animal and the full name and address of the owner.

(2) A written prescription for a controlled substance in schedules 2 to 5 shall be written legibly with ink or an indelible pencil, or prepared using a printer and shall be signed by the prescriber.

(3) An agent of the prescriber may prepare a prescription for the signature of the prescriber, but, pursuant to the act, the prescriber is liable if the prescription does not conform to these rules. A pharmacist who dispenses a controlled substance pursuant to a prescription not prepared in the form required by these rules is liable pursuant to the act.

(4) If the controlled substance prescription or order in a medical institution is issued pursuant to delegation under R 338.2304, R 338.2305, R 338.108a, or R 338.108b then the printed name of the delegatee, the licensure designation, the delegating prescriber, and the signature of the delegatee shall be on the written prescription. In medical facilities, orders shall contain the signatures of the delegatee and the printed name of the delegating prescriber.

(5) A prescription shall not be issued by a prescriber to obtain a stock of a controlled substance for the purpose of dispensing or administering the substance to patients.

(6) A prescriber shall not prescribe a controlled and noncontrolled substance on the same prescription form.

History: 1979 AC; 1992 AACS; 1994 AACS; 2002 AACS; 2003 AACS; 2007 AACS.

R 338.3162a Electronic transmission of prescriptions; “electronically transmitted prescription drug order” defined.

Rule 62a. (1) As used in this rule, “electronically transmitted prescription drug order” means a prescription drug order that is communicated from the prescriber directly to the pharmacy by electronic means, so that the data cannot be altered, modified, extracted, viewed, or manipulated in the transmission process.

(2) An electronically transmitted prescription order shall be transmitted to the pharmacy of the patient's choice and shall occur only at the option of the patient.

(3) A pharmacist may dispense an electronically transmitted prescription drug order only if both of the following conditions are satisfied:

(a) The electronically transmitted prescription drug order includes all of the following information:

(i) The name and address of the prescriber.

(ii) An electronic signature or other board-approved means of ensuring prescription validity.

(iii) The prescriber's telephone number for verbal confirmation of the order.

(iv) The time and date of the transmission.

(v) The name of the pharmacy intended to receive the transmission.

(vi) All other information that is required to be contained in a prescription under the provisions of R 338.3161.

(b) The pharmacist exercises professional judgment regarding the accuracy or authenticity of the transmitted prescription. Technological devices shall not be used to circumvent any applicable prescription documentation and verification requirement.

(4) An electronically transmitted prescription drug order that meets the requirements of subrule (3) of this rule shall be deemed to be the original prescription.

(5) This rule does not apply to the use of electronic equipment to transmit prescription orders within inpatient medical institutions.

History: 1993 AACS; 2002 AACS.



The Changing Nutrition Labels: What you need to Know

It's hard to believe that the first nutrition label was introduced only 24 years ago! Specifically, in 1990, the Nutrition Labeling and Education Act (NLEA) was passed which required pre-packaged food items to list health claims and nutritional information. This was an attempt to standardize labels and nutritional claims such as "low fat", "sugar free" and "light". This act provided consumers with nutritional information that was easily accessed and useful to help one make quality nutritional selections. Since the creation of the nutrition label, the only major change to the original label has been the addition of Trans Fat back in 2006. So why change the label now? The new label is intended to include the latest scientific information about nutrition and the links between food choices and chronic diseases, like obesity and cardiovascular disease. It also changes the portion sizes to serving sizes that are more likely to be consumed. For example, under the old labeling guidelines, a typical 20-ounce bottle of soda pop was considered 2-1/2 servings. Who honestly consumes only 8 ounces of soda pop in one sitting or when was the last time you ate only 1/4 cup of trail mix or nuts? The proposed changes are designed to help make the labels more consumer-friendly and reasonable.

The proposed changes would include the following¹:

- Changes based on new nutrition science – for example, we know that added sugars promote obesity.
- Updated serving size requirements and labeling for certain packages - more reflective of how people eat.
- Refreshed design – make certain aspects of the label more prominent, like calories and serving portions.

How will these changes impact us? They can provide opportunities to teach our patients about chronic disease. The American Dietetic Association has a website which provides several resources for healthcare professionals (<http://www.eatright.org/HealthProfessionals/content>). The site provides an abundance of nutritional information, along with links to dietitians in your area.

The new nutrition labels' proposed release date has not been determined. The U.S. Food and Drug Administration (FDA) has recently extended the comment period, a time when they allow citizens to weigh in on the proposed label changes, until August 1, 2014. You can visit the website at <http://www.regulations.gov/> to cast your opinion.

Lisa Marie Boucher, MS, PA-C, RD, is a Physician Assistant in Cardiothoracic Surgery at HFH-Wyandotte. She is also a registered dietitian with over 20 years experience.

¹<http://www.fda.gov/Food/GuidanceRegulationGuidanceDocumentsRegulatoryInformation/LabelingNutrition/ucm387533.htm>

Current Label

Proposed 'New' Label

Nutrition Facts

Serving Size 2/3 cup (55g)

Servings Per Container About 8

Amount Per Serving

Calories 230

Calories from Fat 40

% Daily Value*

Total Fat 8g

12%

Saturated Fat 1g

5%

Trans Fat 0g

Cholesterol 0mg

0%

Sodium 160mg

7%

Total Carbohydrate 37g

12%

Dietary Fiber 4g

16%

Sugars 1g

Protein 3g

Vitamin A

10%

Vitamin C

8%

Calcium

20%

Iron

45%

* Percent Daily Values are based on a 2,000 calorie diet.

Your daily value may be higher or lower depending on your calorie needs.

	Calories:	2,000	2,500
Total Fat	Less than	65g	80g
Sat Fat	Less than	20g	25g
Cholesterol	Less than	300mg	300mg
Sodium	Less than	2,400mg	2,400mg
Total Carbohydrate		300g	375g
Dietary Fiber		25g	30g

Nutrition Facts

8 servings per container

Serving size 2/3 cup (55g)

Amount per 2/3 cup

Calories 230

% DV*

12% Total Fat 8g

5% Saturated Fat 1g

Trans Fat 0g

0% Cholesterol 0mg

7% Sodium 160mg

12% Total Carbs 37g

14% Dietary Fiber 4g

Sugars 1g

Added Sugars 0g

Protein 3g

10% Vitamin D 2mcg

20% Calcium 260mg

45% Iron 8mg

5% Potassium 235mg

* Footnote on Daily Values (DV) and calories reference to be inserted here.



Michigan Academy of Physician Assistants
1390 Eisenhower Place
Ann Arbor, MI 48108



MAPA PLANNER

EVENTS / CONFERENCES



MAPA's Fall CME Conference

DATE: October 9 -12, 2014
SITE: Grand Traverse Resort & Spa
INFO: Available at www.michiganpa.org or call
1-877-YES-MAPA

Future MAPA Fall CME Conferences

2015	Grand Traverse Resort & Spa (Oct. 8 - 11)
2016	Grand Traverse Resort & Spa (Oct. 13 - 16)
2017	Amway Grand, Grand Rapids (Oct. 5 - 8)
2018	Grand Traverse Resort & Spa (Oct. 4 - 7)

