SEPTEMBER 2015

MICHIGAN PA

The Only Informational Resource for Michigan Physician Assistants

MICHIGAN ACADEMY OF PHYSICIAN ASSISTANTS • MAPA •

www.michiganpa.org

Early Bird Registration Ends September 14th
Online at www.michiganpa.org

STEPPING UP YOUR POLITICAL ACTIVISM CONTRIBUTIONS

You've worked hard to get where you are today. Now, more than ever before, it's time to protect this hard earned investment — your career. Unfortunately, as you might know or will come to find out, the bottom line is this: there are many real threats to your career and two of the biggest ones are...

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Michigan Academy of Physician Assistants

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COVER STORY

MICHIGAN PA

MichiganPA Newsletter • Vol. 36, No. 3 • September 2015

Michigan Academy of Physician Assistants
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President's Message

Investment in *Your Academy*

As with any company, the products they offer are bought by consumers that will hopefully yield a profit. As the company becomes popular, people invest in the company and from these profits, dividends are paid to the investors. Initially, there is more risk for investors with their investment, but perseverance and commitment to the company and the investment will yield measurable dividends.

The same is true for MAPA (your academy), as it applies to membership. The membership dues that are asked for to be a member in MAPA are 'an investment in your future as a PA in Michigan.' The money collected from dues goes on to support expenses that are part of running your academy. Just as in business, your membership investment will support your academy and its endeavors, and you should expect a return on investment (ROI) in the form of dividends and useable benefits. MAPA is taking steps to ensure that you as a member are receiving a ROI. We are re-vamping the website- making it more user-friendly and adding features over the next year that will be beneficial to all. We hold two conferences a year (Spring and Fall), where attendees can meet old friends and new colleagues and obtain quality CME. We have dedicated volunteers that constitute the MAPA Board and its committees, who work on your behalf to ensure that we maintain a PA-friendly work environment in Michigan. We are very lucky to have a seasoned & experienced person, Mike DeGrow, as our Executive Director and Lobbyist; Mike's job is to help us navigate the intricacies of Lansing politics and give us direction on matters of such and your academy's direction. We have a Career Center where PAs can visit to see available PA positions and employers can go to post available PA jobs.

MAPA is the only organization that will continue to fight for PAs' rights in Michigan...

MAPA is the only organization that will continue to fight for PAs' rights in Michigan; no other national or specialty organization will do that. So it makes sense to support MAPA through membership and volunteerism. Because of this fact, MAPA is taking strides to improve membership through introspection and outside opinions; plus, we are improving communication to members about available benefits and of their investment in MAPA. In the near future, MAPA will be sending out a survey to see what your opinion is of MAPA and how best to improve it from a practicing PAs point of view. We encourage you to take a few moments to return this survey and help us determine where to focus our attention in the future!

As members invest in MAPA with their annual dues, they become stakeholders in their academy, but we would like to see members also invest some time in their academy. Whether this time investment is on a committee, board position, or website opinion/revision (of a particular area that appeals to you), having PAs give some time to help shape MAPA into a more user-friendly academy is the most valuable dividend you could want from your investment. Your input and opinions matter and the board is very interested in how best to serve its members. We look forward to seeing you at the upcoming 2015 Fall CME Conference and you building on your investment in your academy.

Best Regards,

Chris Noth, PA-C, FAPACVS
MAPA President 2015 – 2016

The Value of MAPA Membership

MAPA is the only organization that is dedicated to protecting the rights of PAs to practice medicine in Michigan. Being an active member of MAPA benefits both the individual PA and the profession in this state.

MAPA is an unwavering and invaluable voice speaking out for Michigan PAs. The Academy's close association with medical societies and Michigan's legislative body keeps MAPA alerted to and engaged in issues that affect and impact PAs. Here are a few things that your membership dues help support in Michigan:

- Public Act 210 of 2011 and DEA Schedule Modifications
- Representation on State and National Coalition and Health Boards
- A voice to address access to care, workforce issues and patient-centered medical home frameworks

MAPA also supports PAs through exclusive member benefits beyond advocacy, which include:

- Educational events for CME credit (discounted rates for members)
- Legislative updates
- Quarterly MAPA newsletter (full archives available online)
- Legal resources
- Reimbursement information resources
- Leadership opportunities
- Career placement and resume writing resources
- And more!

If you are not a member, now's the time to join. Members receive deeply discounted rates at MAPA's upcoming Fall CME Conference, and there's no better time to get involved with the organization that always has your best interests in mind. If you are passionate about your profession, you can further enhance your membership by becoming a volunteer. The Board of Directors and all committees are made up of volunteer PAs from across Michigan, with everyone working in unison to help further the PA profession in our state. For more information, please don't hesitate to contact your Regional Representative or MAPA staff.

Your financial investment in MAPA membership will pay dividends for your career – don't delay, join today! Join MAPA today by visiting www.michiganpa.org.

Hear it directly from your peers – the following statements are how MAPA has affected several of our most active members!

I am a MAPA member because…

"By being a part of MAPA, I can support my profession and help it grow. I don't want to be a bystander. I want to be an active participant in the advancement of my profession."

"I am a MAPA member so I can be kept up to date of the changes in healthcare and how those changes affect my profession."

"I need an advocate and a voice representing the profession I have chosen to provide for my family."

"I have been a MAPA member since my PA school orientation because MAPA is the voice for PAs in Michigan. Michigan PAs had to fight for their right to practice, and the 1997 Schedule II mess occurred as I graduated. Not having to call the doctor and wait for a prescription has made discharging easier and more organized."

"I feel that MAPA has laid the groundwork for all of us PAs to have an amazing environment to practice in, and I want to be part of continuing that momentum."

"Having an 'old school' mentality, I joined MAPA just prior to PA school, because I thought it was expected of you. But over the years and from my involvement on the Board, I have come to realize both the importance of membership to me as a PA with the practice safeguards that MAPA fights for and to MAPA itself- so that we can continue protecting our ability to practice medicine in Michigan."

MVBs (Most Valuable Benefits)

"I feel that networking, CME and legislative advocacy provided by MAPA have helped advance my career. MAPA has been a significant source for CME, has provided me with vital professional contacts, and has protected and advanced my role in healthcare."

"The most valuable member benefits to me are the CMEs and quality of the speakers at the fall conference."

"It's vital to have a voice in Lansing that is speaking on my behalf to people I would have no standing with on my own."

"I use networking among MAPA members often to find out how others have handled any given situation. I have been lucky enough to be the 'first' PA in a number of situations that has benefited from my peers' knowledge."

"As we are busy practicing medicine, MAPA is constantly working for us in Lansing and DC to keep our interests on the legislative forefront."

"The people that make up the Board and our contracted personnel help to make MAPA such a successful organization."

MAPA makes a difference

"I have made great friendships and professional contacts. In the legislative arena, MAPA has protected PAs and pushed for changes in practice that have made my job more lucrative. My ability to practice has been enhanced and MAPA continues to make it better."

"Being a MAPA member has helped me advance my career by giving me knowledge and support regarding reimbursement issues I have had at work. MAPA always keeps me apprised of changes or issues in the state, and I can always email my region representative to assist with any issues."

"My support through my membership allows MAPA to continue to represent my best interests as a PA."

"MAPA membership can help PAs' careers advance by having a source to help with contracts, practice rules and guidelines. MAPA pushes for greater reimbursement opportunities and can advise PAs on an individual basis with tough issues they are facing."

"MAPA has helped connect me with fellow members who are now colleagues. It has provided me with CME to grow my clinical knowledge and gain proficiency in my specialty."

"The strides that MAPA has made over the years of improving and preserving our scope of practice, has helped me provide more rounded care for the patients I treat and has lead me into lead positions."

Join MAPA today by visiting www.michiganpa.org/join!

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 and enhancement of the PA practice environment.

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 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

Understanding the Newer Prescription Options for the Treatment of Type 2 Diabetes in the Primary Care Setting

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

Medical understanding of Type 2 Diabetes (T2DM) has grown with advanced research and has expanded rapidly over the past two decades, leading to many new advances in care. For many years, medical training taught that T2DM pathophysiology consisted of hyperglycemia brought on by insulin resistance in the liver, insulin resistance in muscle, and beta cell dysfunction; coined the Triumvirate in the late 1980s by Dr. DeFranzo, one of the most renowned names in diabetes research. Treatment of T2DM for the past several decades has included lifestyle modifications (diet, exercise and weight loss) and many familiar oral medications such as Metformin, TZDs, sulfonylureas, and "not-so-commonly-used" oral medications like colesavelam, meglitinide analogs, and alpha-glucosidase inhibitors. Insulin (long or short acting) has also been used to treat T2DM, and often was used later in treatment, despite evidence that earlier use may be more advantageous. Today, further research and findings has lead Dr. DeFranzo to coin the term "The Ominous Octet" to describe T2DM. In addition to the insulin resistance in the muscle & liver and the beta cell dysfunction, the Ominous Octet also includes increased lipolysis, decreased incretin effect, increased glucagon secretion by islet alpha cells, increased glucose reabsorption by the kidneys and neurotransmitter dysfunction by the brain.

Many of the recent treatment advances have targeted the incretin effect. Research has taught us that there is a potentiation of insulin secretion in the gut that may be responsible for 50-70% of insulin response to meals. This physiologic activity has been coined the incretin effect. The word incretin came from the "INtestinal seCREtion of INsulin. Further research has narrowed down two hormones, gastric inhibitory polypeptide (GIP) and glucagon-like peptide-1 (GLP-1), as the most important hormones for the incretin effect. GLP-1 is made in the L-cells that are found in the distal small bowel and colon. GLP-1 actions include stimulation of glucose-induced insulin secretion, glucagon secretion inhibition (in a glucose-dependent manner), and appetite suppression and delayed gastric emptying. GLP-1 has been shown to regulate glucose homeostasis, enhance satiety and control body weight by inhibiting food intake. GIP is secreted in the duodenal and proximal jejunal K-cells. It then stimulates insulin biosynthesis and secretion (also in a glucose-dependent manner). Both GIP and GLP-1 is then rapidly metabolized by the enzyme DPP-4 and are made into inactive metabolites. This metabolization by DPP-4 decreases the availability of both GLP-1 and GIP to act on the body. GIP appears to be secreted normally among T2DM patients, but its effect on insulin is significantly impaired. GLP-1 has a decreased secretion among T2DM patients, but the hormone's insulinotropic and glucagon-suppressive actions are still intact. Because GLP-1 effects are not blunted in T2DM, it is an attractive target for pharmacologic advances.

DPP-4 inhibitors

DPP-4 inhibitors block DPP-4 activity and subsequently prevent GLP-1 metabolism. This leads to an increase in free levels of GLP-1 and

reduces appetite and slows gastric emptying. Because the subsequent GLP-1 increase is glucose dependent, there is no hypoglycemia associated with DPP-4 inhibitors. This class of medication is given orally and has been reported to cause a 0.5-1% reduction in HbA1c. In the U.S., there are currently four DPP-4 inhibitors available on the market- sitagliptin (Januvia), saxagliptin (Onglyza), linagliptin (Tradjenta) and alogliptin (Nesina); and many that are combined with other glucose-lowering agents.

GLP-1 receptor agonists

GLP-1 receptor agonists mimic the effects of GLP-1 and subsequently inhibit glucagon and stimulate insulin secretion in a glucose-dependant manner. They also reduce appetite and gastric emptying. GLP-1 receptor agonists are administered via subcutaneous injection. The appeal to using GLP-1 receptor agonists is that you not only get effective glycemic control, but there is often weight loss associated with the use of this drug class. Reduction of HbA1c across the class is roughly just above or just below 1%, but varies drastically with lifestyle modification.

Currently there are five GLP-1 receptor agonists available on the market- exenatide (comes in two forms: Byetta and Bydureon), liraglutide (Victoza), albiglutide (Tanzeum) and dulaglutide (Trulicity). Byetta is administered in a pen delivery system and given twice daily before meals. Exenatide is a synthetic version of exendin-4, a hormone found in the saliva of the Gila monster. It displays biological properties similar to human GLP-1. Bydureon was the first once weekly GLP-1 receptor agonist on the market and does not have to be taken in accordance with a meal. Bydureon uses the same exenatide hormone, but is able to maintain weekly delivery of medication by encapsulating the exenatide in very small microspheres of medical grade poly-(D,L-lactide-co-glycolide).

Liraglutide comes in a pen delivery system, but is only administered once daily and does not need to be taken with a meal. Liraglutide is an acylated human GLP-1 agonist, similar to human GLP-1(7-37), a less common form of endogenous GLP-1.

Albiglutide is a DPP-4 resistant GLP-1 dimer fused to human albumin. Because of a four to seven day half-life (the longest such half-life on the market), it too is a once weekly injection and also comes in a pen delivery system.

Dulaglutide is another once weekly GLP-1 that was recently made available here in the U.S. Much like liraglutide, dulaglutide is a human-like protein, making it behave very similarly to liraglutide with respects to efficacy and tolerance.

There are several new GLP-1 receptor agonists being developed such as lixisenatide and taspoglutide. Also in the works are pens with GLP-1 receptor agonists and basal insulin combined in a single shot.

SGLT2 Inhibitors

Sodium-glucose Cotransporter-2 Inhibitors (SGLT2's) are another new class of medication available for treatment of T2DM. The kidney normally filters glucose by reabsorbing it in the proximal tubules. When the renal threshold of glucose has been reached at roughly 160-180 mg/dl, the proximal tubule cannot reabsorb all of the filtered glucose, resulting in glucosuria. Urinary glucose is transported across the membrane of the proximal tubule by sodium-glucose cotransporter-2. There are some individuals who have naturally occurring mutation in the SLC5A2 gene that results in a defective SGLT2 protein. This mutation produces significant glucosuria as the kidney fails to reabsorb urinary glucose. The therapeutic goal of SGLT2 inhibitors is to mimic this mutation and prevent the kidney from reabsorbing urinary glucose, therefore lowering blood sugar levels.

There are currently three commercially available SGLT2's on the market: canagliflozin (Invokana), dapagliflozin (Farxiga) and empagliflozin (Jardiance). There are a few combination medications with SGLT2's on the market

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Type 2 Diabetes

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currently as well: Invokamet (canagliflozin & metformin), Xigduo XR (dapagliflozin & metformin extended-release) and Glyxambi (empagliflozin and linagliptin). Each medication is currently considered a 3rd line agent behind Metformin and GLP-1s (and ahead of DPP-4 and older medication classes), according to the most recent 2015 AACE/ACE Glycemic Control Algorithm. Benefits to using this medication include simplicity of delivery as it is another oral tablet option and across the class, there seems to be an HbA1c drop close to 0.5%. On May 15, 2015, the FDA announced a new warning regarding SGLT2s stating that "SGLT2s may lead to ketoacidosis, a serious condition where the body produces high levels of blood acids called ketones that may require hospitalization"; but no change has been made to the prescribing information at this time.

It is important to take note that recent changes to the treatment guidelines have shown that incretin-based therapies (such as DPP-4s and GLP-1 agonists) have become fundamental treatment options for T2DM, in a patient-centered approach. Updated guidelines (1. American Diabetes Association/European Association for the Study of Diabetes, & 2. American Association of Clinical Endocrinologists/American College of Endocrinology) have given GLP-1 agonists a higher status. The SGLT2's have seen a rise in the guidelines, falling behind the GLP1s and ahead of the DPP4s. Each of the options has pros and cons, and ultimately, the decision to use either rests on the joint decision of the clinician and patient. All options offer a low risk for hypoglycemia and improvements to blood pressure and lipids; however, as with any new medication regimen, check for medication interaction(s) and side effects to determine if this is appropriate for your patient. Delivery of the medication can often play a role and there may be some reservation on the part of patients with using an injectable medication over an oral agent, making a DPP-4 or SGLT2 more appealing. This can be overcome by simply educating the patient and using demonstration pens. GLP-1 agonists hold the upper hand because they have shown clinical evidence of better glycemic control and weight loss in most patients.

With the development of new incretin-based therapies and upcoming combinations with insulin and with the addition of the SGLT2 class, the already changing landscape of T2DM treatment options is getting more and more confusing. It is imperative that clinicians continue to be up to date on the changing treatment guidelines and therapies to provide the best possible care for patients. The evidence has pointed to a multi-front attack on the pathophysiology of T2DM with many new and useful therapies available as tools to conduct such attack. SGLT2s and incretin-based therapies are quickly becoming a mainstay in therapy for T2DM and should be considered in every clinician's medication go-to list.

R. David Doan III, MS, PA-C, *is a practicing Physician Assistant at ProMed Family Practice in Portage & Richland, MI. He also teaches Evidence-Based Medicine at Western Michigan University Physician Assistant Program and serves as President-Elect and Membership Chair for* the Michigan Academy of Physician Assistants. References available upon request at: davedoanpac@gmail.com

Dr. Ned Canfield, a member of Michigan's House of Representatives, commissioned Public Sector Consultants of Lansing to research and publish a paper comparing the education and training of NPs and PAs in Michigan. For access to this important in depth comparison please go to www.michiganpa.org and click on the link for 'NP/PA Comparison Chart'.

www.michiganpa.org

Be sure to check out the new, mobile-friendly MAPA website! MAPA is working hard to make our website a valuable resource and the go-to source of information to our members. Visit **www.michiganpa.org** today to access the following content:

- The latest news affecting PAs in Michigan
- Past newsletter ('MichiganPA') archives*
- Sample delegation forms and other relevant documents*
- Prescription discount program for your patients
- Legislative updates on issues that affect your profession as a PA
- A constantly-updated FAQ section with answers to common questions related to scope of practice, practice management, legislation, reimbursement, controlled substances and more*
- The latest information on CME events, including MAPA's Fall and Spring Conferences
- Patient education materials
- A robust Career Center where employers and PAs can connect throughout the state of Michigan
- Online payment portal for dues payments and event registrations

MAPA is adding new content frequently, so check back often! If you have comments, content suggestions, or questions please contact MAPA staff at 877-937-6272.

[*available to members only]

MAPA Annual Report

As with any company or business that has investors that financially support the business to grow, the investors expect a return on investment. The investors also receive an 'Annual Report' from the company about its performance and pertinent issues that affect said performance.

MAPA is recognizing that principle and is producing an 'Annual Report' for its shareholders (members). The membership dues paid yearly go to support activities and advocacy efforts and helps give value to membership benefits and sustains a strong academy.

MAPA's on-going efforts include:

- Fall CME Conference
- Testifying on SB68, on your behalf
- Revising and updating the MAPA website
- Continuing a working relationship between MSMS, MOA and MAPA

If there are issues that you deem important or want MAPA to address, please forward them to us.

Best Regards, MAPA Board

ADVOCACY

We all understand its importance, but few give the time to support the action it requires. MAPA's Legislative & Government Affairs (Legislative or LGA) Committee is tasked with this action and has been chaired by volunteer PAs who dedicate time to advocate for ***all*** PAs in Michigan. As incoming MAPA President, I had the duty to ask the current Legislative Chair, Ron X. Stavale, PA-C, if he would remain in his position as chair for the up-coming MAPA year. His response was one of enthusiasm and encouragement: "*Yes, I would be honored to; this is my passion*."

Politics can be slow - the legislative process is long and was designed to be deliberate, so that decisions would not be made in haste or imprudently. Advocacy is a political process by individuals or a group and aims to influence decisions within political, economic and social systems and institutions. It can include many activities; campaigns, public speaking or research are just a few examples. Lobbying is a form of advocacy where a direct approach is made to legislators on an issue. There are differences between advocating and lobbying, but there is also overlap. When MAPA advocates for Michigan PAs, it seeks to affect an aspect of the government about its laws. Lobbying refers specifically to advocacy efforts that attempt to influence legislation. MAPA has been fortunate to first find and subsequently employ a lobbyist, Mike DeGrow, who also serves as the Academy's Executive Director. His political acumen and experience has helped MAPA make great strides in advancing PAs' professional environment in Michigan, so that Michigan is one of the best places to work as a PA.

Earlier this year, MAPA sent out invitations to the Michigan PA schools for students to attend the AAPA Legislative & Advocacy Summit. The interested students were asked to submit an essay on: 'What they thought advocacy was and why was it important to PAs?' These are some of the excerpts from those submissions:

'Advocacy is of utmost importance to our profession… varied [interpretations of the law] can mean the difference between being granted the liberty to practice to our fullest potential or being hampered by nuances and intricacies of the law.'

'The PA profession has come a long way since its inception, thanks to those who have fought for our privileges and our continued ability to practice medicine.'

'Advocacy in a profession starts with contributing to the profession…through membership, but more importantly, by showing up. This means at PA conferences, legislative hearings, for your patients and being prepared to educate those around you.'

'Through advocacy, we can make questions like- "What is a PA?" or "What does a PA do?" irrelevant and help improve the value of PAs.'

'… includes contacting our state legislators, staying informed about the laws involving PAs and getting involved in our state PA academy, and learn more about what we can do to advocate for our profession.'

'Without professionals in the field who are willing to take on the challenges that advocacy [uncovers], it is unknown where our state PA profession might be today.'

'Modern advocacy includes defining PA rights and preserving the ability [for Michigan PAs] to practice medicine…yielding the best health care for the patients we treat. Constant vigilance.'

'Advocacy (is listening and) informing the public, legislature and medical communities about the PA profession in an effort to reduce the amount of misconceptions that exist.'

'MAPA…has taught me to appreciate the gumption of Michigan PAs and how their lobbying efforts have propelled the PA practice environment in Michigan to new levels. To remain in the shadows of their efforts and passively reap the benefits feels irresponsible.'

Advocacy consists of both strategy and action to achieve an objective. The objective of advocacy is the engagement of stakeholders in the decisions affecting them. The actions to achieve the objectives typically occur over time, and incrementally. Success is not usually seen the first time a strategy is undertaken; rather, success must be achieved step-by-step through persistent and long term commitment to the advocacy goals.

A key word in the above paragraph is 'stakeholder.' All PAs in Michigan are stakeholders in our profession as we are also all advocates. Advocacy for the profession, along with membership in your academy, is an investment in your future – one that will yield dividends of multiple employment opportunities, sustained employment and a good wage.

MAPA has recently had a poignant conversation and an introspective look at itself by leadership and outside firms, as to who we are and what direction we need to move towards as an academy. Basically, we all determined that '***Advocacy***' was the most important concept and benefit for Michigan PAs, but this benefit is not a marketable or 'sexy' benefit to have PAs invest in as an academy with membership dues. We do hear comments made like: "*Advocacy is not for me*" or "I *don't understand the whole political process*" or "*My single voice won't matter*." We at MAPA beg to differ and say that every voice matters and that you don't have to be a political junkie to still understand and enter the discussion. Advocacy is a means to ensure that everyone matters and that everyone is heard, including PAs who are at risk of exclusion. If PAs don't speak on topics about their own profession (and legislators want to hear from us), then decisions about us (PAs) will be made without our input and made incorrectly; this can result in policy that neglects the role of the PA profession.

"To remain in the shadow of their efforts and passively reap the benefits feels irresponsible."

The Michigan PA community must be informed and engaged on the issue(s) that will affect them. MAPA is doing just that, with announcements via postcards, newsletter articles, email alerts/updates, conferences and board meetings. You cannot put a price on effective advocacy or lobbying, but a price is to be paid if there is no effort on MAPA's part **for all Michigan PAs**. It is clear through the eyes of students, based on their above comments, that advocacy is important to them and to their professional future as PAs. We hope that all Michigan PAs will open their eyes and sound their voice to advocacy and support MAPA in this continued vigilance. We ask for your continued MAPA membership, to rejoin, or to become a new member, so that we have a stronger voice addressing concerns for your ability to practice medicine as a PA in Michigan. MAPA membership is akin to preventative medicine that you practice for your patients; it is a preventative unemployment measure and an investment in *your* future. Don't let this opportunity slip from your diverse investment portfolio.

2015

MAPA FALL Conference

GRAND TRAVERSE RESORT AND SPA

Fall CME Conference

Registration is open online at www.michiganpa.org!

Register by September 14, 2015 to receive the Early-Bird discounted registration rate; after which, regular registration rates apply. **So Register Today!**

MAPA's annual Fall CME Conference is fast approaching – October 8 - 11 and will be held at the Grand Traverse Resort in Traverse City. It is the annual event to catch up with classmates and previous co-workers, network, teach, learn and enjoy yourselves. We hope you enjoy the CME lectures and workshops that are planned; you will find familiar continuations and new offerings.

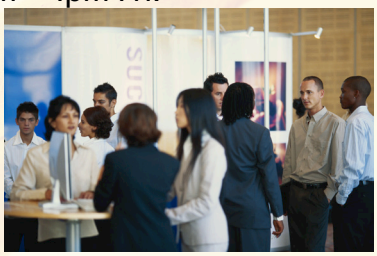
Wednesday, October 7

- Golf Outing 1pm - 6pm *(additional fee applies)*
- Charity fundraiser *(See page 14)* - **Donation Competition: Winning school will receive a reference text.**

Women's Resource Center

Thursday, October 8

- Workshops *(additional fees apply)*:
  - **Dermatology Biopsies – Thurs. 3:10pm – 4:10pm or 4:15pm – 5:15pm**
  - **BLS Renewal – Thurs. 3pm – 5pm or Fri. 9am – 11am**
- Exhibit Hall 1pm – 5pm Thurs. and 9am – 4pm Fri.
  Includes pharmacological and human resource vendors; please show appreciation for their support of the conference by visiting the Exhibit Hall.



- 'Wines and Steins' Tastings – Thurs. 2pm – 4pm *(additional fee applies)* - **Try something new with the opportunity to buy what you enjoy!**

- Welcome Reception – Thurs. 5pm – 7pm **with hors d'oeuvres, cash bar and PAMPAC fund raiser.**

- Family Fun Nights — Thursday evening

Friday, October 9

- Issues and Answers – Fri. at 7am, **Breakfast provided.**
  A discussion of the 'State of the Academy' and current MAPA legislative, billing and reimbursement issues with time for questions.
- Workshops *(additional fees apply)*:
  - **Joint Injection – Fri. 9am – 11am**
  - **Basic Suturing – Fri. 9am – 12pm**
  - **Advanced Suturing – Fri. 9am – 12pm**
  - **Casting – Fri. 1pm – 3pm**
  - **Basic Ultrasound – Fri. 2pm – 5pm**
- Exhibit Hall 1pm – 5pm Thurs. and 9am – 4pm Fri.
  Includes pharmacological and human resource vendors; please show appreciation for their support of the conference by visiting the Exhibit Hall.
- Family Fun Nights – Friday evening
- University Receptions – Fri. 6pm – 8pm; **meet up with classmates and new alumni. Hors d'oeuvres served with cash bar.**
- Student Quiz Bowl – **Fri. 8pm – 10pm, hosted by the MI PA Foundation**
  Cheer your school or alma mater and test your own knowledge!

Saturday, October 10

- 5K Fun Run Sat. 9:30am – 10:30am
  Early morning exercise with friends

- Member's Gala with the MI PA Foundation 'Silent Auction' – Saturday evening. **The MAPA Members Gala will start an elegant evening with a Frank Sinatra Tribute Show and we will end the night dancing with Eddy & The Breakers.**

Confirmed Presentations:

- Breast Care Update - *Linsey Gold, DO, FACS, FACOS*
- Strategies for Reducing Heart Failure Readmissions - *Joy A Pollard, PhD, ACN-BC and Ginger Biesbrock*
- I Have Nutrition Issues! – *Mark A. Jackson, MD*
- American Geriatric Society 2012 Beers Criteria of Potentially Inappropriate Medications in the Elderly – *Mark A. Jackson, MD*
- Problems with the Hallways in the Heart House – *Suzy Raaymakers, MPAS, PA-C, RDCS (AE, PE)*
- Screening and Treatment for Common Cancers - *Mary Jo Pilat, PhD, MS, PA-C, CCRP*
- How to Document Like a Pro - *Diana Nordlund, DO, JD, FACEP*
- The Latest on PA Certification from NCCPA - *Katherine Adamson, PA-C, MMS, MA*
- Breast Density Notification: An Opportunity for PICME - *Cheryl T. Lee, MD*
- PA Role in the Discussion of Medical Error - *Stephanie Joseph Gilkey, MS, PA-C, and Ed Roberts, PA, FACHE*
- Weak Bones--Truly Understanding the Pathogenesis of Osteoporosis - *Philip L. Pokorski, Ph.D.*
- Substance Use Disorders: Identifying SUDs in Patients and What to Do about Them - *Dale Yagiela, MA, LMSW, CAADC*
- Getting Your Patients "Back" to Life - Diagnosis and Management of Spinal Disorders - *Lindsay Gietzen, M.S., PA-C*
- Autism Spectrum Disorder and Developmental Disorders - *Rebecca Klisz-Hulbert, M.D.*
- Pediatric Psychiatry - It's Not All ADHD - *Rebecca Klisz-Hulbert, M.D.*
- Key Issues and Strategies for Negotiating Physician Assistant Employment Contracts - *Jennifer Colagiovanni, Esq*
- Bringing Mindfulness to Medical Practice; An Integrative Approach - *Teri B Racey, P.A., M.A.*
- Influenza Immunization Update - *Gary K. Johnson, MD, MPH*
- Orthopedic Board Review Pearls:What you need to know - *Marcos A. Vargas, MSHA, PA-C*

Confirmed Workshops:

- Suturing Workshop - *Frank Nysowy, MSW,PA*
- Casting Workshop - *Frank Nysowy, MSW,PA*
- Joint Injection Workshop - *Frank Nysowy, MSW,PA*
- Basic Ultrasound Workshop - *John E. Lopes Jr, DHSc, PA-C*
- Dermatology Biopsies Workshop - *Dara Spearman, MD, FAAD and Diana Castanon Westgate, MD, FAAD*
- BLS Renewal - *Carolyn Joseph RN*

MAPA FALL CONFERENCE CHARITY PARTNER

2015

MAPA FALL Conference

October 8-11, 2015

GRAND TRAVERSE RESPORT & SPA • ACME, MI

The 2015 MAPA Fall Conference charity partner is *The Women's Resource Center* – Grand Traverse Area. The Women's Resource Center provides education, support, counseling, housing and advocacy - through community collaboration - to end domestic and sexual violence and promote an equitable, safe environment for all. The WRC serves five counties in northwest lower Michigan. This service area includes Benzie, Grand Traverse, Kalkaska, Leelanau and southern Antrim counties and covers nearly 1,700 square miles.

Below is a list of items needed which help to ensure that families victimized by violence receive the services they need and aid the center in promoting peace in the lives of members of the community. The six Michigan PA schools will compete for the most well-rounded donation of necessary items at the Fall Conference. Conference attendees are encouraged to bring donations (either items on the list or monetary donations) to the conference and drop them off at the donation table.

To learn more about the Women's Resource Center visit the website at http://www.womensresourcecenter.org/

Children's Clothing: Infancy to Teens	Men & Women Clothing: 14 years & Up	Gift Cards No more than $25	Other Items:
Warm socks	Warm socks	Meijer	Laundry detergent
Warm hats	Warm hats	CVS Pharmacy	Twin bed sheets
Warm mittens	Warm mittens	Target	Twin blankets
Warm coats	Warm coats	Walmart	Twin comforter
Warm long underwear	Warm long underwear	Walgreens	Twin pillowcases
Warm boots	Warm boots	Visa	Crib sheets

2014-2015 PA Legislative 'Year in Review'

By: Ron X. Stavale, PA-C, Chairperson, Legislative Committee

As one of the representatives for Michigan PAs to the Michigan legislature and other health care organizations, I would like to update you on what has occurred over the past year regarding legislation in Michigan that could affect PAs' ability to practice medicine.

As you may recall, MAPA introduced and advanced legislation in 2011 (Public Act 210) that would allow for an expansion of the PA's ability to practice in Michigan. Public Act 210 improved our practice ability in multiple areas. These included: prescribing Schedule II-V controlled substances **[Section 333.17076(3)]**, may make calls or round in facilities without restrictions [**Section 333.17076(2)**], PA signature on forms for delegated services for a physician [**Section 333.17049(6)** and **Section 333.17549(6)].** To read Public Act 210 of 2011 in its entirety, please go to the Michigan Legislature website at http://www.legislature.mi.gov.

Note: When this legislation (Senate Bill 384) was originally introduced in the Senate, it also expanded the scope of practice for nurse practitioners. However, the substitute bill passed by both the Senate and the House deleted all references regarding nurse practitioners because NPs wanted to pursue independent practice capabilities and the bill was ultimately signed into law by the Governor, which expanded the scope of practice only for PAs.

The NPs, not wanting to participate on Public Act 210, continued to pursue independent practice. MAPA, although neutral on the NP bill, strongly feels that if NPs become independent that it would negatively affect our ability to compete for employment with NPs in some practice settings. For the last 3 years we have repeatedly informed the legislators and the Michigan medical societies that we do not want to leave PAs disadvantaged by any changes in scopes of practice for NPs that would perhaps create the perception that it would be more desirable to hire an NP rather than a PA.

The Senate Health Policy Committee held hearings on Senate Bill (SB) 68 in March of 2015. MAPA's President Heather Klopp, Executive Director Mike DeGrow and Legislative Chairperson Ron X. Stavale attended all of the hearings and were allowed to testify at the 3rd and final hearing. MAPA's testimony emphasized that PAs and NPs have always been treated equally by the State of Michigan and Federal Authorities and it is neither appropriate nor practical to advance one profession over another; especially since there are so many PAs and NPs in mixed practice settings performing medical care for the same patient population. Senate Bill 68 was voted out of committee in April 2015 and now sits on the Senate floor. There have been some amendments added to this bill that have made it, for the time being, undesirable for the NP profession to support it in its present form. If SB 68 passes the Senate, it would then go to the House of Representatives for a vote or it could be re-introduced by the NPs to the House in a different form.

You can be assured that your MAPA representatives will continue to follow this legislation very closely. We cannot guarantee anything but our vigilance and proactive stance on this and other issues that will allow the best outcome possible for Michigan PAs. In the future, MAPA will discuss other aspects of our practice with the medical societies and legislature that could allow expanded practice abilities and lessen the administrative burden of delegation and supervision as those terms are now viewed by administrators and in the legislature.

For any information or documentation on these issues, you may contact me via email, rxvalle@yahoo.com or cell phone, 248-953-6223.

STEPPING UP YOUR POLITICAL ACTIVISM CONTRIBUTIONS

By: Marcos A. Vargas, MSHA, PA-C

You've worked hard to get where you are today. Now, more than ever before, it's time to protect this hard earned investment—your career. Unfortunately, as you might know or will come to find out, the bottom line is this: there are many real threats to your career and two of the biggest ones are apathy and complacency. These two attitudes, either single-handedly or together (along with any other threats), can usurp you of a fulfilling career. Every benefit or reward gained by our predecessors for our profession over the past 4 decades can be lost by the stroke of a pen. The truth is, we wouldn't be here today if our predecessors had not advocated for themselves and our academy. It was through their untiring efforts and politically active contributions during that previous time that, in order to survive and thrive, we had to speak for ourselves and not allow our detractors speak in place of us.

Even nowadays our detractors are still out there. The PA community and I could have not been more dismayed, disappointed or insulted when Bill O'Reilly disparaged and ridiculed our profession during "The O'Reilly Factor" broadcast on March 4, 2014. That night, our national viewers were not only given a non-researched biased opinion, but also a gross mischaracterization of our preparation and training during that broadcast. Yet, sadly enough, there are many others (even in organized medicine) who share similar erroneous views of us. They're more than ready to spew their agenda of obfuscation, denigration, and in more extreme cases, suppression and/or revocation of all our hard earned past legislative advances and accomplishments (i.e. advancement/increased scope of practice).

If that wasn't enough to get your attention, then consider this: there has been a recent surge of other allied health groups (i.e. Pharmacists, Surgeon's Assistants, and/or Orthopedic Assistants, etc.) seeking increased legislative recognition and expanded scope of practices. Don't think for a moment they aren't seeking societal and brand recognition that would level the field. In fact, they are seeking to capitalize and expand their roles in this competitive industry of ours.

Unfortunately, most lay people (patients) are not able to identify the real competency and/or training differences among various advanced clinical providers. Thus, with the push for "advanced training or degrees " (i.e. Master's or doctorates), they can be more coveted than we could be in some instances. This would render PAs more vulnerable to less industry support and/or recognition, while ultimately skewing the playing field and degree of acceptance of PAs by other industry stakeholders.

What can we do about it?

To minimize or prevent these ill feelings and distorted ignorant views of our profession, think about these two words: step up. With our increased vigilance and political activism, we safeguard your professional heritage and support MAPA's legislative legacy.

How can we do it?

The following proactive recommendations and activities will definitely assist in the facilitation of debunking consumer ignorance, interprofessional jealousy or negative stereotyping while increasing professional awareness and brand recognition and integration:

1. Become an emotionally engaged and actively involved MAPA member.
2. Donate to PAMPAC, MAPA's Political Action Committee.
3. Help MAPA to educate the media outlets when they grossly mischaracterize our professional value to the healthcare industry.

4. Speak up when you see our profession being ridiculed by misinformed sources or individuals. Inform others that biased, misinformed and intolerant professional perspectives are not only wrong, but unacceptable.
5. Remain locally vigilant and report any and all bias-motivated anti-PA media ads or sources and report these threats to the AAPA or MAPA. There is always power in numbers.

Don't be lulled into a false sense of thinking that you have it made when others are clearly seeking to rob the PA community of the wider recognition and enhanced legislative strides it has made and enjoyed over the past four plus decades. While some may say these are good talking points, I would go one step further and openly say that these are real-time action points for each and every one of us. We can no longer afford being passive or complacent, if we want growth, recognition and professional stability in an ever changing polarized industry.

Draw the line. Moreover, step up your activities locally, at the state level or nationally, by simply being a PA-C (a politically active contributor). MAPA's PAMPAC welcomes your financial contributions—any amount is welcomed. Continue making our state the PA-friendly practice environment that we have come to enjoy and expect; just do not take this for granted.

2015 AAPA House of Delegates- Michigan Delegation

HOD 101

What is the House of Delegates?

The AAPA House of Delegates (HOD) has sole authority on behalf of AAPA to enact policies, establishing the collective values, philosophies, and principles of the PA profession. The HOD consists of voting delegates from:

- Fifty-six chapters representing all fifty states, the District of Columbia and five federal services
- Twenty-five officially recognized specialty organizations
- Eight caucuses composed of individuals sharing a common goal or interest related to healthcare access or delivery
- The Student Academy
- In addition, the current and immediate past House officers are delegates-at-large and vote

2015 Michigan Delegation: Donna Hines, Susan Raaymakers, Jan Ryan, Molly Paulson, Andrea Posh, Ron Stavale and Mary Huyck.

Elected delegates have an effective voice in Academy activities by:

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

Issues and policies addressed by the HOD have included the following:

- Innovative healthcare delivery models
- Medicare coverage
- PA privileges
- Health promotion and disease prevention
- Medical liability reform
- Leadership excellence

Michigan has seven delegates who are elected annually, one serving as Chief Delegate. Through their own funding and MAPA reimbursement, these delegates represent all of Michigan PA practices; during the three days the House is in session. 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 to the national AAPA conference, are filled with policy and bylaw proposed updates and resolutions put forth to make new policy or change existing policy.

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 held.

The topics are divided into reference committees who record, evaluate and then make recommendations on the topics.

Reference Committee A - covers Bylaws, Membership and Government Affairs.

Reference Committee B - discusses Professional Practice and Certification.

Reference Committee C – addresses Public Policy and Education.

The HOD is a place to realize that the various practice settings seek varied policy, laws and regulations. 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 the 2016 AAPA HOD in San Antonio next May, contact Michigan's HOD Chief Delegate Donna Hines at nadda200@aol.com. To view a summary of the 2015 proceedings, visit the AAPA website, log into members and then under the tab 'Governance' choose HOD.

Julia Burkhardt, UDM, speaks to PA education while Marc Katz, awaits a turn at the microphone.

MICHIGAN PHYSICIAN ASSISTANT FOUNDATION (MIPAF)

Invites You To Join Us At The Student Quiz Bowl and Please Consider Donating To Or Purchasing An Item From The Student Scholarship 'SILENT AUCTION' At The 2015 MAPA Fall CME Conference

The MI PA Foundation is a nonprofit 501(c)3 charitable organization recognized in 1991 as an IRS qualified organization. We could be considered the charitable arm of MAPA, a professional organization representing the interests of Physician Assistants practicing in Michigan. We are a public foundation who provides scholarships to second year Michigan PA students. Our motto is "MIPAF provides the scholarship…you provide the future", and our web page is www.mipaf.com.

The annual MAPA Fall CME Conference will be held October 8-11, 2015 at the Grand Traverse Resort in Acme, MI. At that conference on Friday evening October 9, the MI PA Foundation will again hold the student quiz bowl. All PA programs from the state of Michigan are invited to participate. It is a fun event with a lot of enthusiasm from the students and alumni. All conference attendees are encouraged to join the event and cheer on your future PA colleagues.

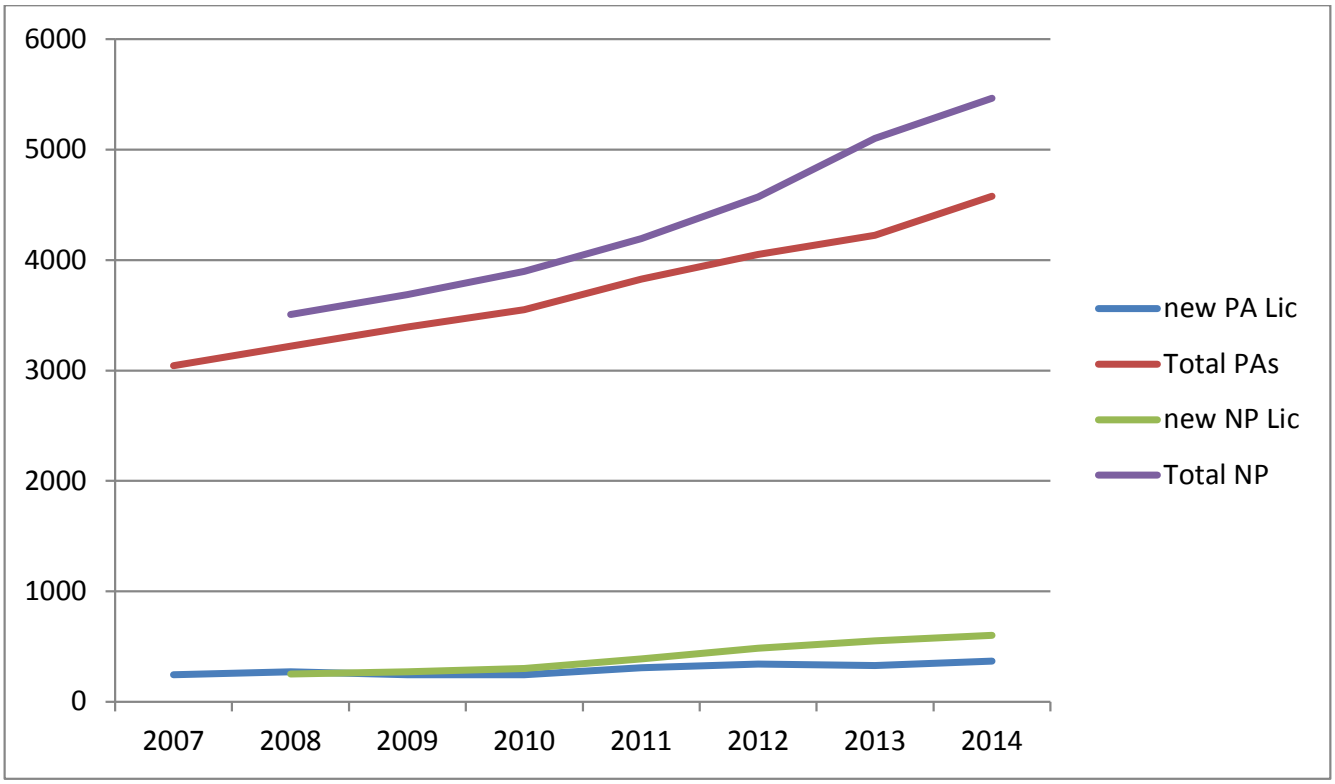
The other event that the MI PA Foundation holds at the conference is a silent auction. This will be held Saturday evening October 10, prior to and during the annual Member's Gala. This is a fundraiser for the Foundation that enables us to continue to provide scholarships to PA students. We are looking for donations of items that can be placed in the auction; such as tickets to events, hotel stays, golf packages, gift baskets, etc., all are welcome. Please contact Vaughn Begick at 989-686-0578 or e-mail VaughnPAC@aol.com to donate. You can bring the items to the conference and notify the registration desk that you have them. If you were a past recipient of a MIPAF scholarship and are now working, you might want to consider a donation for the silent auction. The Foundation also accepts cash donations and it is a charitable contribution, as is the donation of an item for the silent auction.

On behalf of all the MIPAF Board Members, we hope to see you at the MAPA Fall CME Conference or check out our web page and consider a donation to the Foundation. Your donations are spent on PA Scholarships. YOUR FUTURE COLLEAGUES NEED YOUR SUPPORT… If you are a student, consider applying for a scholarship.

Vaughn Begick, PA-C
MIPAF Board Member

Robert Ross, PA-C
MIPAF President

Statistics for the State of Michigan
Applicants for new licenses and Total PAs or NPs



(Information obtained from State of Michigan Health Professions FY 2014 Annual Report Board Activities)

2014 Total PAs- 4578 • 2014 Total NPs- 5464

The Physician Assistants of Michigan Political Action Committee (PAMPAC) is a voluntary, non-profit, unincorporated association operating as a separate, segregated fund of the Michigan Academy of Physician Assistants. It is not affiliated with any political party and it is not affiliated with or a subsidiary of any other political action committee, or of any other national, state, or local academy or association of physician assistants.

This fall our main fundraising will be done at the MAPA Conference at Grand Traverse Resort on October 8-11, 2015. We will have a booth set up outside the main exhibit hall.

If you are not attending the conference or would like to contribute now, the mailing address is PAMPAC, 1390 Eisenhower Place, Ann Arbor, MI 48108. If you have any questions or suggestions, you can reach me by e-mail at VaughnPAC@aol.com or by phone at 989 686-0578.

Vaughn Begick, PAMPAC Chair

Risk Stratification for Cardiac Surgery Patients

By: Chris Noth, PA-C, FAPACVS

The call can happen anytime, during rounds or surgery, while you are getting a quick bite to eat or while you are seeing clinic patients. The cath lab calls and says they have a consult for you. You go over to the cath lab and review the films with the cardiologist and surgeon and the patient appears to have triple vessel disease and is not a candidate for PCI and surgery is needed to revascularize the heart. Once the consult is performed and dictated, several points in the patient's history, physical and ordered test results help to stratify the risk this patient is given for open heart surgery. Basically, the more medical co-morbidities and abnormal tests results, the higher the risk for the patient; it goes without saying. The Society of Thoracic Surgeons (STS) has a database where they require this information on all patients undergoing any heart surgery; they use this information for outcome data reporting.

On every patient that is referred for heart surgery (whether CABG, valve, aneurysm or combination of each), a Risk Factor sheet is used to help determine the patients' overall risk of undergoing a cardiac surgical procedure. This sheet is based on answers to questions during the H & P and results from particular tests that are ordered as part of the work-up for every patient that is evaluated for cardiac surgery, regardless of the type of procedure needed.

First question is very basic- height and weight. Patients come in all sizes, but the typical heart surgery patient is 'short for their weight', or in other words, obese. This can prove to be a challenge at times for conduit harvest for the PA. Other times, patients are long and skinny and you see the vein is very superficial and again can prove to be a challenge to harvest by the PA. Obesity can also let you know that the patient is not very mobile and have SOB with minimal effort. Next question will let you know of genetic predisposition to CAD: 'Is there a family history of premature CAD [males ≤ 55yrs. old; females ≤ 65 yrs. old]?' Social history questions are next: smoking cigarettes or other tobacco use, illicit drugs and alcohol consumption. Smoking is the largest contributor to CAD nowadays; need to have patients stop, by any means necessary. Next performed is a timed 5-meter walk test and perform this three times and record the time it takes the patient to perform this. Some patients cannot perform this test, due to an IABP in place or they are non-ambulatory. The longer it takes a patient to walk 5 meters, usually due to worsening CHF symptoms, the surgical risk elevates. Next, the patient is asked about cerebrovascular disease (strokes and TIAs) and whether they have had any prior intervention and peripheral arterial disease (do they have reproducible ambulatory leg fatigue), again with any intervention. It is likely that if the patient has vascular disease outside the heart, that they likely will have it also involving the coronary arteries. Carotid Doppler's are obtained on all adult patients in the evaluation for surgery, no matter the age.

Continued on page 22

Risk Stratification

Continued from page 21

Next set of questions deal with the heart itself; any history of prior CABG or heart surgery, MI, PCI, PPM, AICD or infectious endocarditis (treated or not)? Also, is there any history of syncope, cancer within 5 years, mediastinal radiation (scar tissue from this makes it more troublesome getting into the chest), cardiogenic shock or history of IntraAortic Balloon Pump (IABP). From the heart catheterization and echo, a determination of the Ejection Fraction (EF) is made. The EF is a percentage of how well the heart performs as a pump, to eject blood out to the body (normal is 60% - 65%). Valvular issues are also seen on the echo; the two valves most concerning to a cardiac surgeon are the mitral and aortic valves. Valves can be either stiff and the leaflets don't move well, called stenosis, or they can be floppy or loose and are termed insufficiency or regurgitation; these valve issues are graded to their severity and can cause symptoms in the patient that can lead you to their discovery by questioning or physical exam (sudden SOB, syncope or murmur).

Medical conditions questions are next: 'Do you have hypertension, diabetes (we draw an HgbA1C on all patients), liver disease (AST and ALT- also used for initiating statin therapy), recent pneumonia, arrhythmia or sleep apnea?'

Sleep apnea is a concern for evaluating a patient; it can increase the risk of hypertension, MI, stroke, obesity, DM, can worsen heart failure and make arrhythmias more likely. It is evidenced by snoring and/or pauses in breathing while sleeping- from a few seconds to minutes- disrupting the patient's sleep and the partner's sleep. The most common form of sleep apnea is obstructive sleep apnea; typically the patient is overweight, but normal sized people can still have sleep apnea. Central sleep apnea is less common and occurs when the respiratory drive center of the brain does not send signals to your respiratory muscles; snoring is atypical for central sleep apnea.

Symptoms of heart failure and chest pain are addressed next. A pro-BNP lab test is drawn to help determine if the patient has possible heart failure and the severity. Pro-BNP is a peptide that is released as the heart muscle stretches; the higher the number, the more the stretch and worsening

CHF, which means that the heart is then working harder to pump, causing more SOB. Questions of this SOB duration are important; the longer in duration, the worse the CHF and likely lower the EF. We also use the NYHA classification and the Canadian Cardiovascular Angina questionnaire. Next comes determination of renal status. The kidneys process blood and are prone to intravascular injury from hypertension, diabetes and medications (like NSAIDs and contrast dye used for the heart cath). Blood Urea Nitrogen (BUN), Creatinine (Cr) and GFR is used to determine if the patient has any renal issues, whether acute or chronic. Is the patient on any form of dialysis? Patients can have CKD and not be receiving dialysis, but it is still a concern after a heart cath and when they are subjected to bypass in the O.R.

Another concern for a patient undergoing any form of heart surgery is evaluating the patient for chronic lung disease. Clues can be in their medications: are they on inhalers or using home oxygen? Part of the surgical work-up is a full Pulmonary Function Test (PFT), where we utilize the FEV1 and DLCO results for the presence and severity of lung disease (mild, moderate or severe). Forced Expiratory Volume1 (FEV1) is the volume of air exhaled in the first second and a reduced FEV1 may reflect a reduction in the maximum inflation of the lungs, airway obstruction or respiratory muscle weakness. Diffusing Capacity of the lung for Carbon Monoxide (DLCO) measures the amount of oxygen that passes from the lungs into the blood.

Lastly, immunosuppressive therapy is asked (systemic steroids, anti-rejection meds and chemotherapy) along with medications taken within 5 days of surgery - mostly anti-platelet agents that can cause excessive bleeding if there is not time for them to dissipate from the patient prior to surgery.

All of these questions, answers and tests results are taken into account when a patient is being evaluated for any cardiac surgery. The acuity of patients is increasing along with multiple co-morbidities that they present with, adding to the increased risk that these patients have attached to them as they undergo surgery. Many of the patients prefer to ignore the warning signs of their disease(s) and/or appear to their primary care health care provider with multiple issues, diseases and in varying levels of severity; making it more difficult to treat and adding to the complexity of their care in the post-operative setting. Some patients have such debilitating disease that the surgical risk is too burdensome and their care is left for the best medical management of their condition(s).

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

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

MAPA PLANNER

EVENTS/CONFERENCES

MAPA Fall CME Conference

DATE: October 8 – 11, 2015

SITE: Grand Traverse Resort & Spa in Traverse City, Michigan

INFO: Available at www.michiganpa.org or call 1-877-YES-MAPA

Future MAPA Fall CME Conferences

2016 Grand Traverse Resort & Spa (October 13-16)

2017 Amway Grand, Grand Rapids (October 5-8)

2018 Grand Traverse Resort & Spa (October 4-7)