

# MICHIGAN

VOL. 38 NO. 4



DECEMBER 2017



## MAPA Board of Directors

### **President**

John Young, PA-C

### **President-Elect**

Karl Wagner, PA-C

### **Immediate Past President**

Dave Doan, PA-C

### **Secretary**

Janet Burns, PA-C

### **Treasurer**

Brian Gallagher, PA-C

### **Region 1 Representative**

Brian Guindon, PA-C

### **Region 2 Representative**

Fred Kaspriak, PA-C

### **Region 3 Representative**

Kate Schisler, PA-C

### **Region 4 Representative**

Kevin Vardon, PA-C

### **Region 5 Representative**

Samantha Danek, PA-C

### **Region 6 Representative**

Julia Burkhardt, PA-C

### **Executive Director**

Thadd Gormas

### **Academy Administrator**

Sara Surprenant

### **MAPA Committee Chairpersons**

#### **NEWSLETTER EDITOR**

Kate Schisler, PA-C

#### **COMMUNICATIONS**

John Young, PA-C

#### **CONTINUING MEDICAL EDUCATION**

Karen Byers, PA-C

Ron Stavale, PA-C

#### **LEGISLATIVE**

Brian Gallagher, PA-C

#### **MEMBERSHIP**

Kevin Vardon, PA-C

#### **PAMPAC**

Vaughn Begick, PA-C

#### **REIMBURSEMENT**

James Kilmark, PA-C

#### **STUDENT LIAISON**

Angela Braun, PA-C

Stephanie Garnett, PA-C



MICHIGAN ACADEMY  
of PHYSICIAN ASSISTANTS

Michigan Academy of Physician Assistants  
1390 Eisenhower Place  
Ann Arbor, MI 48108  
Phone: 734-353-4752 Fax: 734-677-2407  
email: [mapa@michiganpa.org](mailto:mapa@michiganpa.org)  
web: [michiganpa.org](http://michiganpa.org) / [mapaevents.org](http://mapaevents.org)

# Contents

Editors Corner .....3

Message from the President .....4

Blue Cross Blue Shield Update .....6

MAPA Fall CME Conference Wrap Up .....8

Public Health-Related State Reporting  
Laws – Are You Aware of Them?.....10

PA Student Leadership – Get Involved in MAPA! .....12

Science-in-Brief: Prevalence of Cardiovascular  
Risk Factors and Strokes in Younger Adults .....14

Michigan Leading the Way for Physician Assistants ....16

# Your Newsletter Editor's Corner

Dear MAPA members,

I want to say thank you to the MAPA Board of Directors for the opportunity to serve you as the new editor of our quarterly Michigan PA Newsletter. I also wish to say a very special thank you to our former editor, Marcos Vargas, PA-C for his years of service as MAPA's Editor.

With 2017 coming to a close and 2018 knocking on the door, I want to encourage all of you to make a commitment to get involved in your local community beginning next year. There are so many people, groups and organizations that would love to have a PA as a volunteer! Not only will it warm your heart to help out, it gets you, a local (and AWESOME) Physician Assistant, out and about making connections with community members. You just never know what life will bring, who you will meet and what door may open for you in the future by making that connection. I know most of us are busy with practicing, raising kids, caring for aging parents, etc. and it can be very, very difficult to find any extra time but I promise you, it will be a rewarding experience for you and those you help. Think about it...

Finally, we are always looking for articles to include in the newsletter and we want to hear from you! Please consider sharing your thoughts or opinions, a brief case report, essay or an article for any of our newsletters. If you are interested or have questions about the MichiganPA Newsletter, please feel free to contact me at [kate.schisler@michiganpa.org](mailto:kate.schisler@michiganpa.org) or call 989-415-2200. And of course, we are always looking for volunteers for MAPA committees! Come join us in 2018!!

I wish you all a very Merry Christmas, Happy Holidays and Happy New Year!



Sincerely,

Kate Schisler, MSM, PA-C, MichiganPA Newsletter Editor-In-Chief,  
MAPA Region 3 Representative

# President's Message

## Greetings fellow PAs,

**T**he Fall season has come and gone in a blur and the colorful display of fall foliage will soon give way to the white snow filled winter months. We're wrapping up the final months of 2017, here is a recap of the last few months and a look into 2018.

For everyone who was able to make it out to the MAPA Fall Conference in Grand Rapids, I say thank you and congratulations! This past conference set yet another milestone in attendance. We saw over 740 attendees which is a new MAPA record! I share this information because the MAPA board of directors are volunteers and we work hard to provide you with excellent clinical and professional CMEs, as well as provide an entertaining and enjoyable venue for conference attendees. I can say without a doubt that we have succeeded with our stated mission and look forward to putting together another quality conference next October in Traverse City.

Planning for the Spring Conference is in full swing and the date has been chosen. The 2018 Spring Conference will be held at the Suburban Collection Showplace Center in Novi, MI on May 5th, 2018. This one day CME event will have a great variety of clinical and professional topics to offer. We are still booking speakers so If you are interested in presenting or know someone who would, please contact [mapa@michiganpa.org](mailto:mapa@michiganpa.org) for more info.

### **Physician assistants must re-enroll with Blue Cross, BCN by February 1, 2018**

Earlier this year MAPA leadership received word that BCBS was making changes to the credentialing status of PAs in Michigan. Executive leaders at MAPA then coordinated a meeting with BCBS executives to make sure we knew the full extent of the changes and what they mean for Michigan PA's. The key points to take from the meeting is that PAs can now directly bill and receive reimbursement for services provided. No longer will services be billed under the physician. This is also great news because it paves the way for PAs to eventually take part in value based payments and will provide a means to more accurately to establish RVUs! These changes are a direct result of PA 379 passed last December. BCBS is the largest insurer in the state and we are hopeful that others insurers will follow suit so that Michigan PAs continue to set practice standards across the nation.

- PAs can find and use the Blue Cross and BCN practitioner agreements and enrollment forms on [bcbsm.com](http://bcbsm.com).

For a full review of the meeting and more information please see the article below by our reimbursement chair James Kilmark.

Have you checked out our social media pages lately? In October, MAPA launched our new social media campaign. This new engagement will be lead by our new Social Media Director, Courtney Smith PA-C. Courtney hit the road running and has provided visitors to our pages with dynamic and engaging articles and stories related to PA practice in Michigan as well as medical news and alerts. Our goal is to engage users with quality medical information which will engender conversation and promote awareness. We also plan to use these platforms to provide an environment for PAs to network and communicate with one another. Finally, we will use our social media platform to keep members informed of MAPA dinner meetings and social events. If you haven't already please check out our Facebook page and our Twitter Page @MichiganPAs.

If you would like to advertise a PA related event on our social media platforms please email Courtney Smith at [mapa@michiganpa.org](mailto:mapa@michiganpa.org) for more details.

MAPA has also launched a new initiative in volunteering and is proud to announce Felicia Shaya, PA-C as our Volunteer Coordinator! Felicia is very excited to become part of the MAPA team and is super motivated to provide excellent events for PAs. She has already put together her first event The "MAPA Mixer" which was held on December 7th at the Bird and the Bread restaurant in Birmingham. This event hosted nearly 70 guests who networked and socialized with fellow PAs.

MAPA is always looking for volunteers! Do you enjoy volunteering? Interested in practice laws for PAs? Or do you just want to help out in any way? Please fill out our volunteer form and see what you can do for your profession at MAPA. I look forward to hearing from you.



John R. Young, PA-C  
MAPA President

# Blue Cross Blue Shield of Michigan Announcement:

James Kilmark, PA-C, MAPA Reimbursement Committee Chair

In August of 2017 Blue Cross Blue Shield of Michigan (BCBS) announced their intent to have all PAs Re-Credential under BCBSM and credentialed for the first time under Blue Care Network. Historically, PAs have not been credentialed providers under BCN or the BCBS PPO. The reported intent of BCBS is to update their policies for payment of services provided by PAs due to Michigan's new PA law (PA 379) which took effect in April of 2017.

Below is the excerpted information from the August 2017 "The Record" reproduced with permission from BCBSM, [www.bcbsm.com/providers/newsletters.html](http://www.bcbsm.com/providers/newsletters.html).

Physician assistants must re-enroll to be reimbursed for services within their scope of license for dates of service on or after Feb. 1, 2018. Beginning Oct. 1, 2017, physician assistants must:

- Re-enroll and be credentialed with Blue Cross Blue Shield of Michigan and Blue Care Network, including our Medicare Advantage programs.
- Complete our attestation form, indicating that they have a legally required practice agreement with a physician, along with other required documents.
- For participation with BCN, enroll as part of an existing contracted group or request participation via a new group practice.
- Complete a CAQH ProView credentialing application within 14 calendar days of submitting enrollment requests.

Current reimbursement arrangements will be terminated for dates of service after Jan. 31, 2018.

Regarding dates of service on or after Feb. 1: PAs who have re-enrolled by Jan. 31 will be eligible for reimbursement for services within their scope of license either directly or under a group for all lines of business. PAs who have not will have their claims denied.

PAs may choose to continue to be affiliated with physician groups and bill under the groups. If so, PAs should ensure they indicate the groups' information when they contract and re-enroll.

PAs will continue to be reimbursed at 85 percent of the physician fee schedule.

Current BCN authorization and referral requirements will continue to apply.

Why are Blue Cross and BCN making this change?

We're making this change because the state of Michigan allows PAs to work within their full scope of practice without direct or general supervision by a participating physician. The state also requires that PAs initiate and maintain a practice agreement with participating physicians.

How to contract and re-enroll

Starting Oct. 1, PAs can find and use the Blue Cross and BCN practitioner agreements and enrollment forms on [bcbsm.com](http://bcbsm.com).

Because of this announcement, MAPA leaders held a meeting this fall with BCBS to understand the impending changes. BCBS officials communicated the intent of these changes throughout the meeting. We also discussed other collaborative opportunities to enhance services to Michigan patients through our perspective organizations.

BCBS explained why their credentialing policies need to be revised because of PA 379. MAPA communicated that BCBS policies should include methods for PAs to be recognized in their individual practice settings for the care they provide. BCBS indicated they are considering methods for PAs to be directly reimbursed under BCBSM and BCN programs. Potential for this change to being in 2018 was mentioned. There were further discussions about which programs are to be included for the credentialing process for and reimbursement to a



PA and/or their practice. Programs currently being considered for this change are: BCN, BCBSM and Medicare Advantage. PA credentialing for BCBS PPO programs are not included at this time.

Our discussion with BCBS included the significant increases in utilization of PAs across the state and the need for payers, such as BCBS, to measure PA performance. As a significant provider workforce, it is critical to track the impact PAs have on patient care as it relates to quality, safety and efficiency. Outlined in the discussion were future considerations to include PAs in the BCBS Physician Group Incentive Program (PGIP). In this program PAs would be incentivized similar to physicians who are in a tiered payment model based on quality of care and process improvement. BCBS intends to inform the Physician Organizations participating in the PGIP program of their ability to include PAs in the future.

BCBSM payment for PA services currently can be rendered “directly” under the PA who provided the service and paid at 85%. Under the current “indirect” method, PA services can be paid at 100% if the “indirect” criteria are met. BCBS discussed how this method worked compared to CMS’s model of “incident to”. MAPA outlined the confusing, inefficient model of CMS’s, “incident to” billing. BCBS discussed their current model of 100% reimbursement for PA services when a physician is involved in the care. It was further clarified by MAPA and BCBS that the BCBS “indirect” model allows for the most efficient processes to support physicians, PAs and most of all patients. It appears that BCBS will continue to allow for “indirect” billing.

Further discussions included PAs being recognized as Primary Care Providers (PCPs) and more PAs partnering with physicians to own practices within various specialties. These arrangements may require better methods for practices to be contracted and



reimbursed under BCBS programs as the current models are difficult to navigate. In addition, the need was communicated for BCBS programs to recognize primary care PAs as PCPs so the impact on their patient population can be supported and tracked.

Finally, MAPA representatives discussed potential barriers for PAs to provide mental health and psychiatric services to BCBSM patients. In this discussion, it was pointed out that many BCBS contracts have psychiatric services carved out to be managed and paid by other vendors. If the bill for psychiatric services is submitted to BCBS when they are not the vendor, a rejection will be processed. BCBS outlined a specific process for MAPA representatives to work with them if and when a claim is rejected in order to determine and potentially address the cause.

MAPA’s meeting with BCBS officials allowed us opportunity to communicate the growing presence of PAs caring for patients throughout Michigan and our value to payers like BCBS. There appears to be strong recognition by BCBS of our contributions to the patient care team and an opportunity for PAs to be better supported for the high-value services we provide. MAPA will continue to work with BCBS to help clarify the issues pertaining to credentialing and recredentialing under the identified programs. Further clarifications will be relayed to MAPA members as they become available.

# MAPA FALL CME CONFERENCE HIGHLIGHTS

Jeff Collinson, PA-C, MAPA CME Co-Chair

The Michigan Academy of Physician Assistants held a very successful Continuing Medical Education program in October of this year. There were amazing CME opportunities with new and updated workshops to improve clinical knowledge for fellow PAs and time for student PAs to learn valuable skills as they advance in their education.

The conference was held in beautiful downtown Grand Rapids, Michigan, during the last week of Art Prize. Attendees were treated to an amazing display of artwork set in multiple venues and street areas of the city. We had the Public Grand Prize winner in the Amway Grand lobby – a portrait of Abraham Lincoln made entirely of pennies. Art Prize brought in record numbers of people and made the entire downtown a very desirable place to explore when not in CME sessions.

This year's conference had several excellent cardiology and cardiology-related presentations by speakers who did a great job in the discussion of their topics. There were several speakers who discussed the opioid crisis in this country and gave tips on managing the use of opioids to prevent further worsening of this problem. We had for the first time a presentation on human trafficking. This will be a mandatory requirement for all health care providers in Michigan and we were honored to have this presentation at our conference. We received an update on recent PA legislation and multiple presentations on documentation to prevent medical and legal issues and lawsuits. There was information shared on documentation to show a PA's worth to their practice. Health care fraud was discussed, as well as tips on how to avoid getting in trouble with insurers, the government and the legal system.

A reminder to all PAs – mark your calendars for May 5, 2018 for the Spring CME Conference at the Suburban Collection Showplace in Novi, Michigan. More details will be available in early 2018.

A further reminder that the 2018 Fall CME Conference will be held October 4-7, 2018 at the fabulous Grand Traverse Resort and Spa in Traverse City, Michigan. We hope to see you soon at both of these venues for more CME and opportunities to network with fellow PAs in Michigan and surrounding states.







# Public Health-Related State Reporting Laws — **ARE YOU AWARE OF THEM?**

By Marcos A. Vargas, MSHA, PA-C

As professional healthcare-givers we have ethical and moral responsibilities to abide by in our daily practices. Likewise, under state law we also have legal obligations—namely as Public Health reporters. Much like a community police officer who is called upon by society to be vigilant in maintaining peace and order, so are we, when it comes to maintaining vigilance for public health threats such as outbreaks (pandemics or epidemics) of communicable human diseases.

In this entrusted specific societal reporting role not only must we be cognizant that every state has a reportable disease list, but all health care providers including PAs are required by law to report these diseases. Yes, that's right by *law*. That's because when these diseases are not reported, delayed, or disregarded, new incidences of the disease can occur and spread in your community. Thus, placing every member at risk; so basically, here's how it works and why it's important.

For example, you see a patient that you suspect has a listed communicable/reportable condition on your state's disease list (any of the 10 listed in the table on the next page). An STD, an exotic rash with neurological ramifications or some rapidly mutating virus that could spark the next major Public Health threat. Failure to report such incident would place you in the legal spotlight for being negligent in your departure of reporter, meaning your professional noncompliance led to a bad outcome—a *societal injury that was foreseeable and preventable in the eyes of the law*.

Remember, had you been compliant with your duty, a designated local state health department employee or team who have been deployed accordingly to use your lead to investigate, monitor, and/or control, if not recruit other resources (i.e. the CDC ) if required to prevent or mitigate the

development and spread of the notifiable infection in the threatened community.

As a key player, you play a fundamental role in supporting public health surveillance by reporting notifiable disease-related health information. You might be the initial provider to interact with patients seeking care for an acute illness. Therefore, the likelihood that you could potentially encounter one of the reportable diseases is high. Obviously, your community depends on you to recognize and report these notifiable diseases to your local or state public health department upon initial clinical suspicion.

By law, some of these diseases must be reported in writing, telephone, or via a registry. And each reported disease is time-sensitive (i.e. report immediately, within 7 days, within 30 days, etc.). The reporting method and the time frame in which to report the disease is included on your state's reportable disease list. Basically, all of the resources needed to make the report are clearly indicated for each respective disease, usually in the form of a legend. The provided resources include the telephone number to call, the form used to document the report, the number to fax a written report, or the website link to register the disease. The way the notifiable disease list looks varies from state to state, but the concept is essentially the exact same throughout the USA.

If unaware of these mandates, consider looking up 2017 Michigan's Communicable Disease Rules. Reportable Disease Chart. Michigan's communicable disease rules are promulgated under the authority conferred on the Department of Community Health by section 5111 of Act No. 368 of the Public Acts of 1978, as amended, being 333.5111 of the Michigan Compiled Laws.



# PUBLIC HEALTH CODE (EXCERPT)

## Act 368 of 1978

333.5111 List of reportable diseases, infections, and disabilities; rules.

Sec. 5111.

(1) In carrying out its authority under this article, the department shall maintain a list of reportable diseases, infections, and disabilities that designates and classifies communicable, serious communicable, chronic, or noncommunicable diseases, infections, and disabilities. The department shall review and revise the list under this subsection at least annually.

(2) In carrying out its authority under this article, the department may promulgate rules to do any of the following:

(a) Establish requirements for reporting and other surveillance methods for measuring the occurrence of diseases, infections, and disabilities and the potential for epidemics. Rules promulgated under this subdivision may require a licensed health professional or health facility to submit to the department or a local health department, on a form provided by the department, a report of the occurrence of a communicable disease, serious communicable disease or infection, or disability. The rules promulgated under this subdivision may require a report to be submitted to the department not more than 24 hours after a licensed health professional or health facility determines that an individual has a serious communicable disease or infection.

(b) Investigate cases, epidemics, and unusual occurrences of diseases, infections, and situations with a potential for causing diseases.

(c) Establish procedures for controlling diseases and infections, including, but not limited to, immunization and environmental controls.

(d) Establish procedures for preventing, detecting, and treating disabilities and rehabilitating individuals suffering from disabilities or disease, including nutritional problems.

(e) Establish procedures for controlling rabies and the disposition of nonhuman agents carrying disease, including rabid animals.

(f) Establish procedures for reporting known or suspected cases of lead poisoning or undue lead body burden.

(g) Designate communicable diseases or serious communicable diseases or infections for which local health departments are required to furnish care, including, but not limited to, tuberculosis and sexually transmitted infection.

(h) Implement this part and parts 52 and 53, including, but not limited to, rules for discovering, caring for, and reporting an individual having or suspected of having a communicable disease or a serious communicable disease or infection, and establishing approved tests under section 5123 and approved prophylaxis under section 5125.

(3) The department shall promulgate rules providing for the confidentiality of reports, records, and data pertaining to testing, care, treatment, reporting, and research associated with communicable diseases and **serious communicable diseases or infections.**

**History:** 1978, Act 368, Eff. Sept. 30, 1978 ;-- Am. 1988, Act 491, Eff. Mar. 30, 1989 ;-- Am. 1989, Act 174, Imd. Eff. Aug. 22, 1989 ;-- Am. 1994, Act 200, Imd. Eff. June 21, 1994 ;-- Am. 2010, Act 119, Imd. Eff. July 13, 2010 ;-- Am. 2016, Act 64, Eff. July 4, 2016

**Popular Name:** Act 368

**Admin Rule:** R 325.60 and R 325.171 et seq. of the Michigan Administrative Code.

From a Risk Management perspective I would suggest bookmarking the website of your state's health department, saving a copy, or printing the list of notifiable diseases for quick referencing if needed. Per the website, you will see in detail how to navigate the site along with other instructions for this process, not to mention there you will also find the list of Michigan's own state-specific notifiable diseases to report. The CDC also has a list of the notifiable conditions.

Physician Assistants' are generally protected by law from any retaliation or legal, disciplinary or other proceedings associated with making a report, as long as the PA has not acted maliciously and the information provided is true.

1. Hepatitis (acute A, B, and C; chronic B and C)
2. Elevated blood lead levels
3. Toxic Shock Syndrome
4. Salmonellosis
5. Giardiasis
6. Tuberculosis
7. Lyme disease
8. Chlamydia trachomatis infection
9. Gonorrhea
10. Child / Elderly Abuse or Neglect

***So, were you aware of your legal obligation in reporting these communicable diseases?***

# PA STUDENT LEADERSHIP: AN INTEGRAL PART OF THE PA STUDENT EXPERIENCE

By Julia M Burkhardt PA-C

It is no secret that Physician Assistant (PA) students often feel stressed and overwhelmed by the rigorous curriculum of PA school paired with the responsibilities of everyday life. Since students spend the majority of their time on scholastic endeavors, committing time to extracurricular activities might be low on their priorities. However, I would like to urge current students to see the value in focusing not only on their scholastic endeavors, but also to take time to focus on professional development. Here are three ways for PA students to gain meaningful leadership and advocacy experience that will form a springboard for a successful career as engaged, prepared PAs in today's ever-changing world of healthcare.

## 1. PA Program Student Societies and Campus Activities

The majority of students have leadership experience in previous careers, scholastic endeavors, or philanthropic interest prior to gaining admission into PA school. Becoming actively engaged in your PA program through joining the program's student society is a great first step to becoming a leader in the PA profession. Running for a position on the executive board of your student society, attending a campus event with fellow PA students, or taking part in a service event in the community are all great first steps toward becoming a PA leader.

## 2. Attend a PA Conference

Professional conferences, such as those hosted by the Michigan Academy of PAs (MAPA), American Academy of PAs (AAPA), or many of the other

medical professional societies offer networking and continuing medical education opportunities to students at drastically reduced prices. Additionally, there are often opportunities for students to find travel grants and other scholarships to attend conferences. For example, MAPA has travel grants available for currently matriculated PA students to attend the AAPA Leadership and Advocacy Summit in Washington DC. For more information click here. <https://www.aapa.org/events/leadership-advocacy-summit/ip> and Advocacy Summit

## 3. Become Personally Involved In National PA Student Leadership

The national PA organizations allow PA students to gain meaningful leadership experience with a variety of time commitments. For example, students can apply to sit on an AAPA Volunteer Group with topics varying from financing your PA education to human trafficking. Students can also stay engaged with issues affecting PA students across the country by following the conversation on the PA student-only community of the AAPA Huddle. Students can become more involved in the AAPA by running for a position on the Student Academy of AAPA's Board of Directors or becoming a member of the House of Delegates.

The Physician Assistant Education Association (PAEA) also has fellowship opportunities available for students interested in education and health policy. The applications are currently closed, but they are generally opened in the spring and due in July of each calendar year. These fellowships can act as a boot camp to learn more about PA issues and how to effectively advocate for PA issues. The PAEA Health

Policy Fellowship even allows PA students to gain first hand experience advocating for PA issues on Capitol Hill.

Finally, if you have a specific interest, there are often PA student leadership opportunities through many of the PA Specialty Organizations, Special Interest Groups, and Caucuses.

## 4. Join the MAPA Leadership Committee

The MAPA Leadership Committee is a final way that PA students can gain experience and mentorship towards becoming a PA leader. This newly formed MAPA committee has goals including the development of PA leaders and encourage PAs to obtain

leadership roles, highlight and promote PA leaders, and advocate for our profession and engage legislators in Lansing. For more information contact the MAPA Leadership Committee Chair, Jodi Zych, at [jrzych@gmail.com](mailto:jrzych@gmail.com).

These are only four of the many ways that you can enrich your experience and gain real-world knowledge and advocacy skills. With 56.5% of actively practicing PAs under the age of 40, you, along with early career PAs can affect change, both intra-professionally and throughout the medical field, when given the proper leadership and advocacy training.



## MAPA Mission

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

## MAPA Vision

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

## MAPA Values

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



# SCIENCE-IN-BRIEF, JUNE 2017: Prevalence of Cardiovascular Risk Factors and Strokes in Younger Adults

The following is a synopsis of “Prevalence of Cardiovascular Risk Factors and Strokes in Younger Adults,” published in June 2017 in JAMA Neurology.

## **What is already known on this topic?**

The most common risk factors for stroke among adults between 15 and 44 include smoking, diabetes, and hypertension. Over the past decade, the rate of smoking in this age group has fallen, but rates of other major risk factors have increased. Although stroke went from being the third leading cause of death in the United States in 2007 to the fifth leading cause of death in 2013, acute stroke hospitalization rates have increased among younger adults.

## **What is added by this article?**

The authors sought to understand the relationship between the patterns of key risk factors and the rise in acute stroke hospitalization rates. Using data from the National Inpatient Sample (NIS), a publicly available database of hospital inpatient information from 44 states, researchers examined hospitalization rates by stroke type and the prevalence of associated risk factors among various age groups. The analysis included data on hospitalizations for acute ischemic

stroke, subarachnoid hemorrhage, and intracerebral hemorrhage from 2003–2004 and 2011–2012. Trends in hypertension, lipid disorders, diabetes, tobacco use, obesity, atrial fibrillation, and ischemic heart disease were also included. The results were grouped by various demographic aspects, including age, sex, and race.

## **Acute Ischemic Stroke**

The authors found that acute ischemic stroke hospitalization rates increased from 2003–2004 to 2011–2012 in all demographic groups except in non-Hispanic black individuals and in all other racial groups between ages 18 and 34. The prevalence of risk factors increased for all age groups and in both sexes for those hospitalized for an acute ischemic stroke. Significant increases in hypertension, lipid disorders, tobacco use, and obesity were seen in men ages 18 to 34; smaller increases were seen among women in the same age range.

## **Subarachnoid Hemorrhages**

Unlike rates for acute ischemic stroke hospitalization, rates for subarachnoid hemorrhage hospitalizations decreased for all age groups between 2003–2004 and 2011–2012.



Interestingly, although men ages 18 to 35 were hospitalized three times more often than women, women ages 45 to 54 and 55 to 65 had significantly higher hospitalization rates for subarachnoid hemorrhage. More men and women had multiple risk factors in 2011–2012 than in 2003–2004.

### **Intracerebral Hemorrhage**

The prevalence of intracerebral hemorrhage hospitalizations did not change much; however, men were hospitalized significantly more often than women for all age groups. Increasing prevalence of multiple risk factors was seen among both sexes and among all age groups for people hospitalized for intracerebral hemorrhage.

### **What are the implications of these findings?**

From 1995–1996 to 2011–2012, hospitalization rates due to stroke continued to increase, as did the prevalence of associated risk factors. People with

hypertension and current smokers are more likely to experience subarachnoid hemorrhage. The increase in these risk factors and the concurrent decline in hospitalizations calls for more examination. The rise in intracerebral hemorrhages is a particular concern, as they can result in multiple diseases and death. These trends show that many of these strokes could be prevented with basic lifestyle modifications. Public health practitioners, health care providers, and policy decision makers should work toward creating opportunities for healthy lifestyles to prevent strokes at an early age.

### **Resources**

Centers for Disease Control and Prevention Stroke  
<https://www.cdc.gov/stroke/>

Million Hearts® Risks for Heart Disease & Stroke <https://millionhearts.hhs.gov/learn-prevent/risks.html>

American Stroke Association <http://www.strokeassociation.org/STROKEORG/>

### **Citation**

George MG, Tong X, Bowman BA. Prevalence of cardiovascular risk factors and strokes in younger adults. *JAMA Neurol* 2017 Jun 1;74(6):695–703. doi:10.1001/jamaneurol.2017.0020

# MICHIGAN LEADING THE WAY FOR PHYSICIAN ASSISTANTS

By Adam O'Neill, PA-S1, President, Thomas Jefferson University Physician Assistant Student Society

When they asked where I was from on my first day of graduate school classes in Philadelphia my right hand instinctively shot up in typical Michigander fashion, "I'm from a city in Michigan right about here," pointing to the middle of my palm, "It's called Battle Creek." My professor's excitement was visible, she explained that Michigan was a good place for PAs to work because a new law was passed allowing greater practice authority which went into effect this year.

I had known this law: Public Act 379. It was an excellent leap forward for PAs that would allow for greater access for patients, less regulation for doctors, and fewer hurdles for midlevel providers to clear as they attempt to care for patients. My Michigan pride swelled with my classes clear admiration for these new practice guidelines. It's as if I took a mini mental break from Philly and traveled back home, to my city, where concrete jungles were replaced with pine trees and pigeons become black squirrels, mourning doves, and bluebirds. It's possible that during this mental break a voice began narrating a new Pure Michigan commercial authored, however poorly, by me in the moment:

"It's same-day appointments, it's providers returning the phone call, it's scripts at your pharmacy and sick children seen not a week from today but now. It's pregnant mothers cared for and teens educated about their health. It's your

grandparent's checkup and your annual exam. It's Michigan making a bold step forward for Physician Assistants. It's Pure Michigan."

This move toward collaborative instead of supervisory language is good news for PAs in Michigan and PA students who want to come here to practice. In addition, the timing, whether purposeful or coincidental, is similarly symbolic. This October 6th PAs across the nation celebrated the 50th anniversary of the inaugural class of PA students from Duke University in 1967.

From just four students to now more than 115,000 practitioners, the field was bound to experience some changes and it's to our benefit Michigan is staying ahead of the curve. Michigan is leading the country in legislation and general support of midlevel providers as PAs all over this great state work to support families, prevent disease, have healthier pregnant mothers, and safer deliveries.

So the next time you visit your provider, if you find yourself under the weather, or the flu season has gotten to you first-- take a look at the white coat of your provider, it just may read PA-C. Wish him or her a Happy 50th Anniversary and then maybe say a prayer for me as I bury my head in medical textbooks for the next two years.



MICHIGAN ACADEMY  
of PHYSICIAN ASSISTANTS



1390 Eisenhower Place  
Ann Arbor, MI 48108



## MAPA PLANNER

EVENTS /  
CONFERENCES

### MAPA Spring CME Conference

DATE: May 5, 2018

SITE: Suburban Collection Showplace  
Novi, Michigan

[mapaevents.org](http://mapaevents.org)

### MAPA Fall CME Conference

DATE: October 4-7, 2018

SITE: Grand Traverse Resort and Spa  
Acme, Michigan

[mapafallevents.org](http://mapafallevents.org)