

December 2012



The Only Informational Resource
for Michigan Physician Assistants

Michigan PA

Not Your Typical *'Walk in the Park'*

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Michigan Academy of Physician Assistants
1390 Eisenhower Place
Ann Arbor, MI 48108
Phone: 734-677-2270
Fax: 734-677-2407
E-mail: mapa@michiganpa.org
Website: www.michiganpa.org

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MAPA's Mission

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

MAPA's Vision

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



Ron X. Stavale, PA-C

We're all in this Together

One of the hallmarks of our PA profession is the opportunity to change the area of medicine that we choose to practice in. The ability of a PA to go from neurosurgery to cardiology to family practice, or any other area of medicine, is based on PA training in all of the physician's disciplines. It also lies in the ability of the physicians to delegate the practice of medicine to us, within their scope of practice. Keeping the ability to change disciplines for the health of our profession is critical. It is also critical for Michigan PAs who work in one discipline to understand and support the efforts that are occurring in areas where they do not practice, because **'we're all in this together.'**

There might not be an imminent benefit for a dermatology PA to send a letter to their State Representative supporting the efforts to change the law allowing PAs to sign for safety restraints in a hospital setting; or it may not seem necessary for the Occupational Health PA to support the recent Public Act 210 that allows PAs now to round on the patients in place of their physician colleagues. Supporting efforts for PAs in one area of medicine strengthens the PA profession overall. When taking advantage of the opportunity to change practice settings, it is certainly a plus that PAs throughout the state and over the years, have been working to improve an aspect of care in that discipline of medicine.

At our recent Fall CME Conference in Mt. Pleasant, I was fortunate to meet colleagues from all practice settings. We all are potentially exposed to pitfalls in our practices; as this was pointed out by the Assistant U. S. Attorney, when he talked on 'Fraud and Abuse'. Scenarios were eluded to that any one of us, if not careful, could make their practices liable to the charge of fraud and abuse, from the Federal Government; that was certainly an eye opening lecture! It was amazing to see rooms filled with PAs listening to a colleague lecture on an area of their expertise. PAs from all disciplines attended the lecture on 'Obstructive Sleep Apnea' from a PA who works in Pulmonary Medicine. Obstructive Sleep Apnea (OSA), a condition that some in societies is referred to as a comic annoyance, turns out that OSA is much more of a serious concern than an occasional chuckle. From this lecture, we can take back to our practice setting, whether it's Orthopedics or Obstetrics, that we cannot overlook the fact that OSA creates havoc on our cardiovascular system and that by our intervention, we can change the way people live.

Perhaps you were able to listen to the oncologist who is now practicing Palliative Care Medicine, plead with us to talk to our physician and PA colleagues, in whatever discipline we are in, about palliative care involvement early on in our patients care. It was pointed out that this will eventually impact all of our personal lives at some point and that by early involvement of palliative care with patients, we actually prolong life? Go figure!

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Or maybe you caught the Sunday morning lecture on 'Stroke' from a physician who, on his call days from Southfield, Michigan, arranges helicopters to transport patients throughout the state's outlying areas to regional hospitals. Once transported, these hospitals have the expertise to thread a catheter into someone's cerebral vascular supply, injecting TPA up to 12 hours after a stroke, in order to salvage brain tissue and the lives of both patients and their families. Now all of us know that there is immediate help for stroke patients even if you present to a hospital in a rural area of the state.

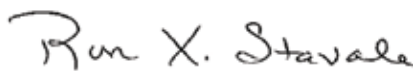
At the Members Banquet on Saturday evening, you could have heard Michigan's Lt. Governor Brian Calley speak about Autism; how it affected his family and how he spearheaded an effort to have Autism care covered by insurers. It is estimated that one percent of children from the ages of 3 – 17 are affected by Autism Spectrum Disorder. Lt. Gov. Calley, ironically, was supportive of the effort long before he and his wife realized that their daughter had Autism. When his daughter was two years of age, he knew something was different and he and his wife went through the progression of loss to denial to eventual acceptance of the fact that his daughter had a disability. They had the means to support their daughter in giving her the best care possible, but he also realized that not everyone here in Michigan has their means and so he strove to get laws passed to help all families cope with this disorder; **'we're all in this together.'**

As physician assistants, we are put in a position where we have the ability to affect others lives. Sometimes it's the long slow process of working with patients to change their risk factors. Other times, it's the trauma PA who places a chest tube at the right moment, the dermatology PA who advises that a suspicious lesion be biopsied and by doing that, prevents the spread of malignant melanoma; or the PAs walking on a charity walk and happen upon a patient in cardiac arrest or the family practice PA who convinces their depressed patient to continue taking medications despite their initial ineffectiveness. As PAs we could actually work at ground zero with patients and we can affect change.

As MAPA tries to affect change in our 'profession's health' we are rarely able to dramatically change laws similar to the clinical scenarios mentioned above. We are able to sometimes change risk factors to our profession and therefore we are able as PAs, to practice in all settings. Sometimes we are lucky enough to see the fruits of our labor and sometimes we have to look at the ones that have gotten us to this point and say thank you, because **'we're all in this together'!**

With your help we can help you maintain the healthy practice environment and take care of patients with the full extent of our training. MAPA's Board of Directors wishes all of you a very happy Holiday Season.

Sincerely,



Ron X. Stavale, PA-C

MAPA President 2012-2013



Exciting News!

The **2013 MAPA Spring CME Conference** has been expanded to a day and a half. It will feature more of the excellent lectures you have come to expect. We will have lectures that pertain to the professional side of the Michigan PA profession.

Topics will revolve around Reimbursement of PA services, Perspectives from Payers, Leadership in the PA profession, Fraud Schemes, Medicare issues and more! We will be seeking 13 hours of Cat I CME Credit for attendees.

- EVENT:** 2013 MAPA Spring CME Conference
- SITE:** VisTaTech Conference Center- Livonia, MI
- DATE:** **Friday/Saturday March 22-23, 2013**
- FEE:** Registration will be available on MAPA's website soon

Breakfast and Lunch are included in the registration fee; overnight accommodation information will also be on the MAPA website, www.michiganpa.org soon.

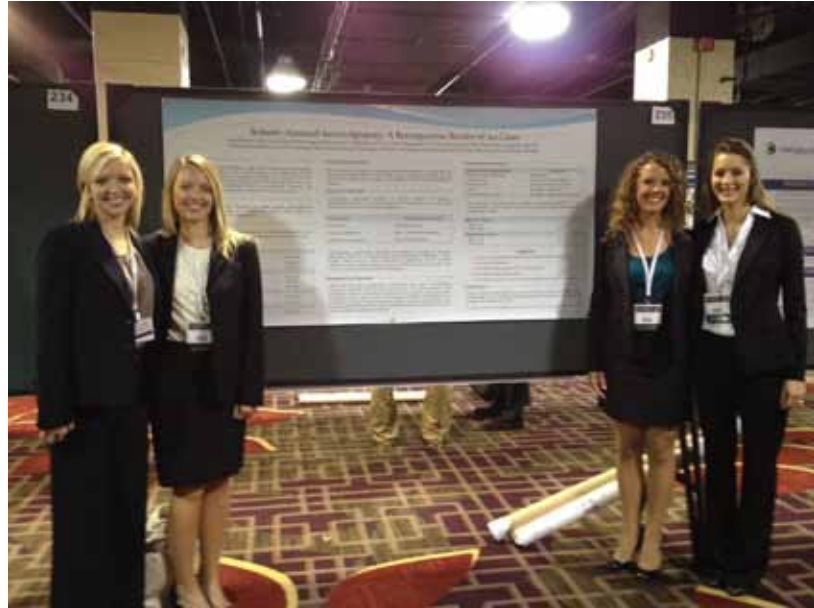


GVSU PA Students Attend AUGS 33rd Annual Scientific Meeting

By: Sarah Pankow, Emily Kluck, Joanna McCann and Drew Theuerkauf

Recently, the American Urogynecological Society (AUGS) 33rd Annual Scientific Meeting took place in Chicago, IL. Six months prior, four second year Grand Valley State University physician assistant students- Joanna McCann, Emily Kluck, Drew Theuerkauf and Sarah Pankow, submitted their research project entitled- *'Robotic-Assisted Sacrocolpopexy: A Retrospective Review of 211 Cases'*, for presentation at the meeting. Their research abstract was accepted for a poster presentation at AUGS.

These students had the privilege of attending the meeting and displaying their abstract for meeting attendees. The abstract presentation offered these students the opportunity to discuss their work and gave them valuable experience interacting with well-seasoned practitioners in the field. The meeting offered the students time to listen to oral presentations on topics such as: urinary incontinence, fecal incontinence, urogynecological surgery, graft implantation, innovations in urogynecology, obstetric injury, imaging, best practices and anatomy. Several esteemed urogynecological physicians from across the country gave



presentations which helped heighten the student's knowledge of evidence-based medicine. This highly specialized meeting focused on the intricacies of urogynecology. The students also had the opportunity to explore the latest technology in the urogynecological field by visiting different vendors at the event.

Attending a national meeting and displaying an abstract can be an intimidating experience for second year PA students. Although this experience was slightly intimidating at first, once the students explored the

meeting, their nerves subsided and they seized the experience for everything it had to offer. Beyond the knowledge gained from the informative lectures and the inspiring speakers, having the opportunity to attend a meeting such as this was an invaluable experience. It is important for students to attend events such as the AUGS meeting in order to gain awareness in their area of interest. The students plan to encourage their classmates to take advantage of other interactive meetings which will benefit them in the future.

THE NEW AND IMPROVED PAMPAC

By: Brian M. Gallagher, MSPA, PA-C, PAMPAC Chair

The past eleven months has been a banner year for the Physician Assistants of Michigan Political Action Committee (PAMPAC). A record amount of funds have been raised, the donation levels restructured, key state legislators identified and received significant funds and a new energy has invigorated the ranks of the committee.

During my first quarter as the new PAMPAC Chair, my initial objective was to examine the structure of the PAC and look for ways to educate the PAs on its mission and inject new enthusiasm into our members. Another key objective was to consider ways to better recognize those of you who have been so generous in your donations to PAMPAC. After reviewing the ideas, the committee approved them and has begun the process of implementation.

This past October's Fall CME Conference was an opportunity to unveil some of these new strategies. A central tenet to this plan is the reorganization of the giving levels and to provide donors with visible recognition and appreciation of their donation. These new levels are:

- Partner: Donations of up to \$99
- Patriot: Donations from \$100 to \$499
- Paladin: Donations of \$500 and above

During the conference, close to \$6000 was raised...a new PAMPAC record for single fundraising event! For those who donate \$500 and above, Paladin level, will be part of an elite group of individuals who will be able to take advantage of special benefits and rewards offered through separate funding sources.



Members of this Paladin Club may, in one particular year, be invited to an exclusive fine dining experience; or in another year, receive jewelry or other personalized paraphernalia with the PAMPAC logo. Current Paladin Club Members are: Kevin Duffy, PA-C; Brian Gallagher, PA-C; Rose Marie Higgins, PA-C and Chris Noth, PA-C.

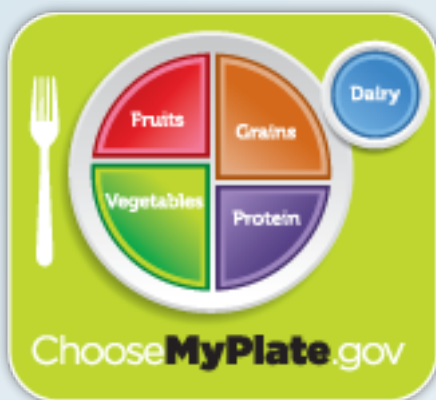
All of this is for just one reason, supporting/contributing to legislators who are friends of the PA profession in Michigan. Past years' PAMPAC funds have allowed MAPA to give thousands of dollars to legislative candidates and keep those key officials in office. This past year alone, PAMPAC contributed a total of nearly \$3000 to key legislators and in the past decade, contributed a total of \$27,450. Even though this is not on par with other organizations our size, it's a good

start...and the newly-implemented initiatives promise to raise the necessary funds for PAMPAC to be even more of a player on the Lansing political scene.

As we move toward another legislative session, I encourage all of you who have not given yet, to consider doing so. Without proper funding, our advocates in the legislature may lose their bids for reelection and much of what MAPA has accomplished over the years could be reversed. You can donate by calling: 734-353-4752 or during the online renewal of your MAPA membership. To all of the faithful who have given over the years, a sincere thank you; your continued giving has been the foundation of our success and a better practice environment for all PAs.

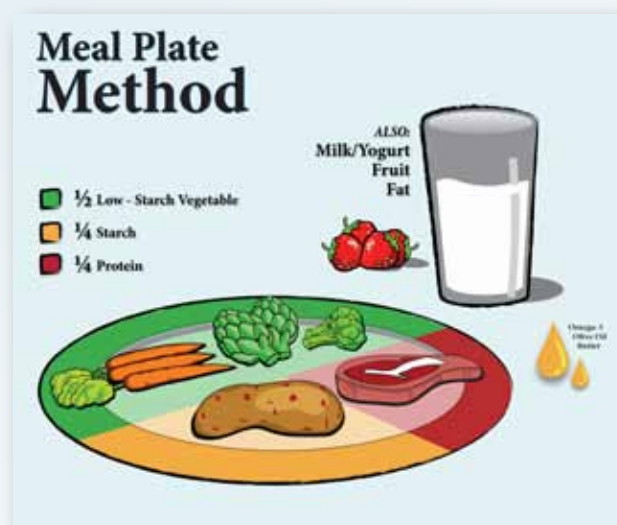
Understanding the Food Plate

The first USDA food guide was published in 1916 with the intention to convey how to select foods in various amounts to meet the body's nutritional needs. Since its initial debut, it has undergone numerous changes reflecting advances within the field of nutrition. The most recent change, replacing the food pyramid with a food plate, has been hailed as a teachable tool. The concept, wonderfully simplistic and easily understood, capitalizes on a visual plate.



The plate is divided into four sections, each representing servings of fruit, vegetables, grains and protein, with a smaller circle to the right of the plate indicating milk products. Each of the five food groups is represented by a specific color, with the largest area on the plate for vegetables, followed by grains. This colorful plate allows one to conceptualize what foods to include for meals and snacks and in what proportion to each other.

While the foods in the teaching model are presented on a 9-inch plate, one needs to understand that it is the proportions of the foods with respect to each other that are important and not the size of the plate. Indeed, one would not be expected to eat off a 9-inch plate for all meals and snacks; portion control and moderation are key factors. By selecting foods to match up to this Plate Model, one can easily be assured of eating a well balanced and varied diet, complete with all the needed nutritional benefits. A colleague of mine reminds her patients that they would not be expected to include all food groups of the plate each time they eat – instead, she suggests that if they did this at least twice during the day, their nutrition would be awesome!



A second component of this nutritional information change is an interactive website, available at www.choosemyplate.gov ; once here, there is something for everyone! For children ages 6-11, there is an online game called “The Blast Off.” To play the game, the child must make food and physical activity selections, which is then converted into fuel to reach “planet power.” There are also coloring activities, word scrambles and activity sheets. Adults shouldn’t feel left out; you can find weight management and calorie information, physical activity tips and my personal favorite, the SuperTracker. Here, you can make a customized tracker which will help you plan, analyze and track your diet and physical activity. A variety of healthy tips in a printable format is available on the website to provide convenient ideas to promote a healthy lifestyle.



As physician assistants, we owe it to our patients’ to discuss healthy lifestyle choices, which directly impact health and productivity, on each and every visit. By familiarizing ourselves with the convenient tools available, we provide our patients’ resources that are free and have the potential to significantly impact their health! **PA**

***Lisa Marie Boucher, MS, PA-C, RD;** is a physician assistant in cardiothoracic surgery at HFH-Wyandotte. She is also a registered dietitian with over 20 years experience.*

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



Not Your Typical 'Walk in the Park'

By: Ron X. Stavale, PA-C

On September 16th, two Michigan physician assistants, Jamie and Slobodan Djordjevic, decided to

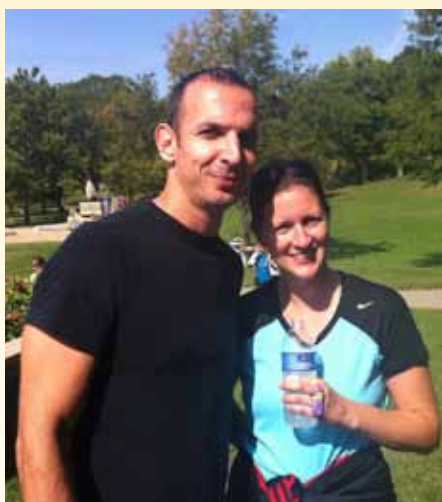
follow through with their initial plans and bring their two children along with them to meet up with some extended family and participate in the 9th Annual Lung Cancer 5K Run/Walk at Kensington Park in Milford. Have to give them some credit for even doing that since it started at 8:30 am and it is 45 minutes from home; all on a Sunday morning off from work. It proved to be a fateful moment that changed the course of several lives that day!

It turned out to be a nice day for the charity walk with the kids and family, plus, it was for such a good cause. Some time into the walk, Jamie took a momentary break off the trail with one of her kids; not thinking much of anything about an older man who walked by her and her daughter. Heading back to the walk, she saw the same man slumped by a tree next to the trail. As Jamie glanced at the man she heard someone innocently comment that the man was snoring. Having seen agonal respirations before, Jamie knew this was something much direr.

Assessing the apparent unconscious man, Jamie determined he was pulseless and that he was not breathing. Jamie yelled for someone to get her husband, since he had continued ahead on the walk. Laying him flat on the ground, she started CPR, with her husband arriving moments later. Bystanders called the Kensington Park Rangers and notified 911. There was no AED available so they continued CPR as the Cancer Walk participants passed by. Recalling the event as surreal, both PAs could hear snippets of comments from the gathering crowd, who along with the man's family, were frantically watching and waiting for EMS to arrive. At a couple of points during CPR, the well meaning crowd cleared away as a physician and police officer offered to help with CPR. Noticing that their CPR reliefs hadn't had much experience performing CPR, both PAs continued their "vigorous" CPR for the twenty minutes it took for the ambulance to arrive on the scene. Being a former paramedic, I can say that the timing of CPR can be difficult to quantify during such stressful events, but considering their location- away from any major population center, twenty minutes must have felt much longer than it actually was.

When EMS arrived, the medics were able to determine that the man was in a Torsades rhythm, which is generally not something we want to see on a monitor; but in this case, any rhythm after twenty

minutes of CPR is truly remarkable. Upon establishing intraosseous access, the paramedics administered magnesium and continued CPR. In route to the hospital, appreciating the heroic efforts by Jamie and Slobodan, the medics dispatcher actually called back to inform the PAs that the man had a sinus rhythm, a blood pressure, but that the EKG showed a STEMI.



At Providence Park Hospital, the patient was taken to the cath lab and it was determined that his lesion was not amenable to a stent and he was subsequently transferred to Providence Southfield Hospital for possible bypass surgery. Several days passed while the patient was in an induced coma and on a ventilator; as the sedation was weaned off, the patient remarkably showed signs of responding. Jamie, who works at Providence Southfield Hospital, was recognized by several of the man's visiting family and a joyous reunion of sorts occurred. Hugs and tears were exchanged as it appeared that

there was hope for the man's survival. As days passed, the 78 year old man's condition improved to the point where he recalled going on the cancer walk and wanting to sit down by the tree because his feet hurt. He recalls nothing else about the events after his collapse. When last seen prior to discharge to a rehab center, the once pulseless patient, now weaker but fully functional, was balancing his checkbook.

Looking back at the day's events, both Jamie and Slobodan do not feel as if they are so called 'heroes'; a title that others have bestowed upon them. They feel very thankful and renewed because they were able to participate in actually saving someone's life in such a dramatic fashion and now feel somewhat 'connected' with the man and his family.

The lesson to be learned is that prolonged CPR can be very beneficial if performed correctly and that you never know what can come of your day when you think you're just going to take a 'walk in the park.' Oh...forgot to mention, after performing CPR on this man, both Jamie and Slobodan finished the walkyes...about twenty minutes later than planned. **PA**

Jamie Djordjevic graduated from Central Michigan University's PA program in 2001 and she currently works as a Hospitalist PA at Providence Hospital in Southfield. **Slobodan Djordjevic** graduated from Grand Valley University's PA Program in 2000 and works in Cardiology at Harper Hospital in Detroit.

Meaningful Use

It is no surprise that the future of health care in America needs to become more connected, efficient and preventative. Having patient information available to health care providers, when they need it and in a useful format, yields better health care delivery and positive outcomes. To help improve health care in America, the American Reinvestment & Recovery Act (ARRA) of 2009 has many measures to modernize our nations' infrastructure, one is named HITECH. The Health Information Technology for Economic and Clinical Health (HITECH) gives the Dept. of HHS the authority to establish programs to improve health care quality, safety and efficiency. HITECH lets eligible health care professionals and hospitals qualify for Medicare and Medicaid incentive payments, when they adopt certified electronic health record (EHR) technology and use it to achieve specified objectives.

Meaningful Use of health information technology is a blanket term for rules and regulations that hospitals and health care professionals must meet to qualify for federal incentive funding through CMS. This includes using EHR for functions that both improve and demonstrate the quality of care, such as e-prescribing, elective exchange of health information and submission of quality measures to CMS.

The goal of meaningful use is to promote the spread of electronic health records to improve health care in the U.S.

The benefits of meaningful use include:

- Complete and accurate information for providers to provide the best possible care
- Better access to information to diagnose earlier and improve health outcomes
- Patient empowerment to help patients take a more active role in their health

Meaningful use sets goals that are about healthcare and using EHR technology to:

1. Improve quality, safety and efficiency of patient care
2. Engage patients and families
3. Improve care coordination
4. Ensure adequate privacy and security for personal health information
5. Improve population and public health

There are incentives to encourage health systems and eligible providers to use EHR and achieve meaningful use, but these are start-up incentives. These incentives dissipate over the next several years and will evaporate by 2016, at which point, all providers and hospitals will be accustomed to EHR and healthcare will be on its way to being efficient and meaningful. If hospitals or providers are unable to achieve meaningful use by the year 2015, they may be penalized. Medicare began incentive payments in 2011, lasting 4 years and Medicaid payments will last for 6 years. Eligible hospitals are required to increase the use of comprehensive EHR systems from 10% in 2009 to 55% by 2014. If a 275-bed hospital adopted this program, it would be eligible for about \$6 million in incentive payments over the 6 year eligibility period. Eligible provider incentive payments can range from \$44,000 over five years under Medicare and \$63,750 over six years for Medicaid.

Stage 1- Meaningful use criteria focus on:	Stage2- Meaningful use criteria focus on:	Stage 3- Meaningful use criteria focus on:
Electronically capturing health information in a standardized format	More rigorous health information exchange (HIE)	Improving quality, safety and efficiency- leading to improved health outcomes
Using that information to track key clinical conditions	Increased requirements for e-prescribing and incorporating lab results	Decision support for national high-priority conditions
Communicating that information for care coordination processes	Electronic transmission of patient care summaries across multiple settings	Patient access to self-management tools
Initiating the reporting of clinical quality measures and public health information	More patient-controlled data	Access to comprehensive patient data through patient-centered HIE
Using information to engage patients and their families in their care		Improving population health

The process is intended to help providers use a step-by-step approach to adopting and effectively using electronic records and data exchange to improve patient care and lower costs.

Implementing meaningful use is a transition through several stages over a five year period.

STAGE 1: 2011-2012	Data capture and sharing
STAGE 2: 2014	Advanced clinical processes
STAGE 3: 2016	Improved outcomes

Achieving meaningful use during Stage 1 requires meeting both *core* and *menu* objectives. The *core* objectives encompass 15 measures that must be completed on each patient seen. The *core* objectives include: computerized provider order entry (CPOE) for medication orders, drug-drug and drug-allergy interaction checks, problem list, e-prescribing, medication list, medication allergy list, vital signs, demographics, smoking status, CMS quality measures, electronic copy of health information, electronic copy of discharge instructions, clinical decision support, clinical summaries, exchange key clinical information and privacy/security of information. The *menu* objectives number 10, from which you need to choose only 5; these are meant to be more challenging tasks. They *menu* objectives include: drug formulary checks, advanced directives, lab results information into EHR, patient lists of common problems, patient reminders, timely electronic access to information, patient specific education, medication reconciliation, summary of care, immunization registry and syndrome surveillance.

In Stage 2, which starts in 2013 or when a provider has met Stage 1 criteria for two program years, the *core* and *menu* objectives remain with some new additions, but hospitals and eligible professionals must demonstrate meaningful use to a larger portion of their patient

population. In Stage 2 meaningful use criteria, eligible professionals must meet 17 *core* objectives and 3 of 6 *menu* objectives or a total of 20 *core* objectives. An emphasis of Stage 2 is on the health information exchange between providers to improve care coordination for patients.

In 2014, all eligible providers are required to report on clinical quality measures (CQM) in order to demonstrate meaningful use. Clinical quality measures are tools that help measure and track the quality of healthcare services provided by eligible professionals and hospitals. These measures use a wide variety of data that are associated with a provider's ability to deliver high-quality care or relate to long term goals for health care quality.



CQMs measure many aspects of patient care and providers must select CQMs from at least 3 of the 6 key health care policy domains from the Dept. of HHS National Quality Strategy:

1. Patient and Family Engagement
2. Patient Safety
3. Care Coordination
4. Population and Public Health
5. Efficient Use of Healthcare Resources
6. Clinical processes/Effectiveness

Continuously measuring and reporting these CQMs helps to ensure that our health care system can deliver effective, safe, efficient, patient-centered, equitable and timely health care. Currently, in Stage 1 of meaningful use, CQMs are required as a *core* objective. In Stage 2, CQMs are no longer a *core* objective, but professionals and hospitals are still required to submit CQMs in order to participate in the program. In 2014, no matter what stage you are in, you are required to report CQMs and electronically.

The CQMs reported in 2014 are a collection of *core* measures, one for adults and another for pediatrics, that are based on analysis of several factors:

- Conditions that contribute to the mortality and morbidity of the most Medicare and Medicaid beneficiaries
- Conditions that represent national public health priorities
- Conditions that are common to health disparities
- Conditions that disproportionately drive healthcare costs and could improve with better quality measurements
- Measures that would enable CMS, states, and the provider community to measure quality of care in new dimensions, with a stronger focus on parsimonious measurements
- Measures that include patient and/or caregiver engagement

Adult Recommended Core Measures

- Controlling High Blood Pressure
- Use of High-Risk Medications in the Elderly
- Preventative Care and Screening- Tobacco use: Screening and Cessation Intervention
- Use of Imaging Studies for Low Back Pain
- Preventative Care and Screening- Screening for Clinical Depression and Follow-up Plan
- Documentation of current medications in the Medical Record
- Preventative Care and Screening- Body Mass Index (BMI) Screening and Follow-up
- Closing the referral loop: receipt of specialist report



Pediatric Recommended Core Measures

- Appropriate testing of Children with Pharyngitis
- Weight assessment and counseling for nutrition and physical activity for children and adolescents
- Chlamydia screening for females
- Use of appropriate medications for Asthma
- Childhood Immunizations status
- Appropriate treatment for children with Upper Respiratory Infection (URI)
- ADHD: Follow-up care for children prescribed Attention Deficit/Hyperactivity Disorder (ADHD) medication
- Preventative Care and Screening- Screening for Clinical Depression and Follow-up Plan
- Children who have dental decay or cavities

Meaningful Use is a core requirement of the HITECH program that is part of the governments' larger effort to move towards a value-based health care through increased access to clinical information for all stakeholders, thereby improving quality, patient outcomes and cost containment. [PA](#)

Chris Noth, PA-C, FAPACVS is a physician assistant in Vascular Surgery at Integrated Vascular Vein Center of Michigan in Grand Blanc. He is also the MAPA CME Chairperson and the 'MichiganPA' newsletter Editor.

Quote:

"Enthusiasm is the mother of effort, and without it, nothing great was ever achieved."

Ralph Waldo Emerson

1803-1882

Philosopher, Poet, Author and Essayist



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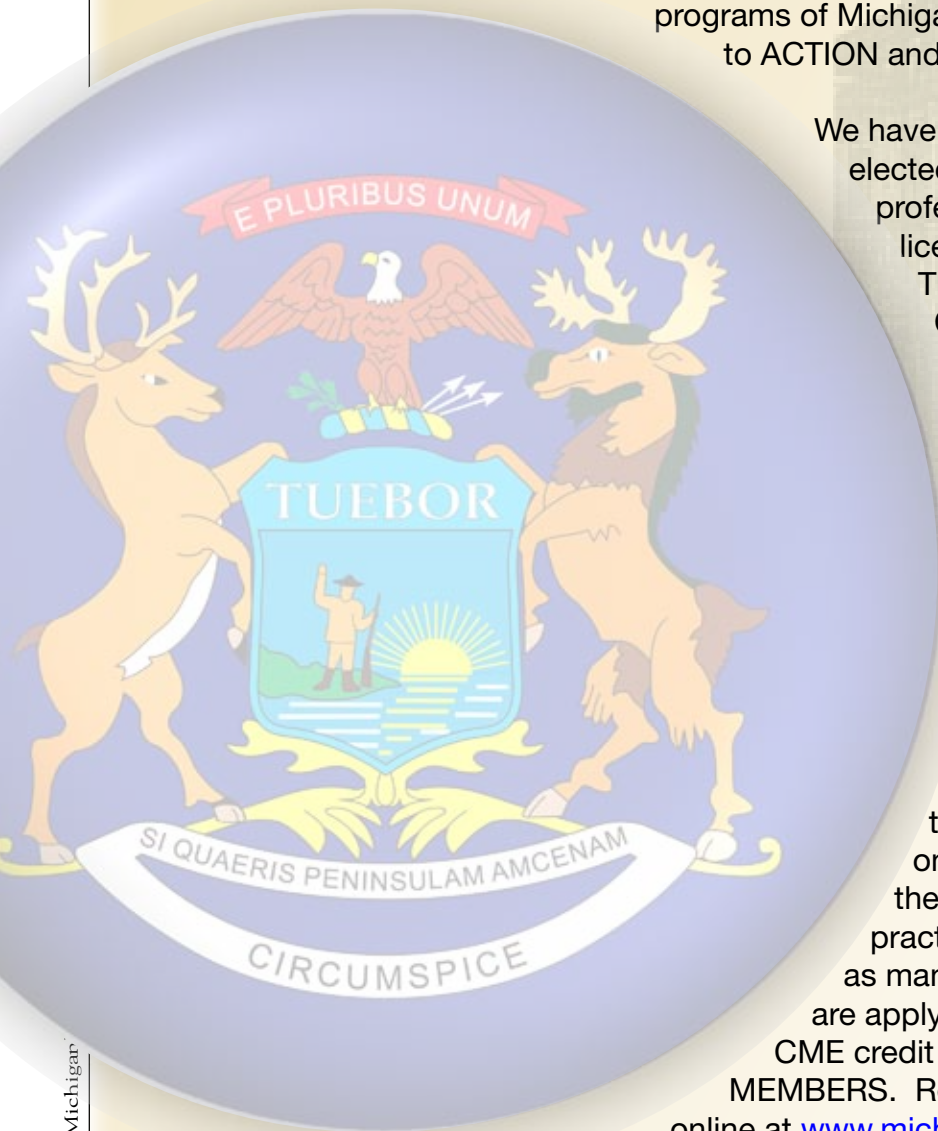
lisa@lisacollc.com
phone **248 723 1040**

PA^s ARE CALLED TO ACTION ON MAY 22, 2013

The Michigan Academy of Physician Assistants and the PA programs of Michigan are calling every PA in Michigan to ACTION and attend **LEGISLATIVE DAY 2013!**

We have a brand-new state legislature elected that is unfamiliar with the PA profession and the care that the 3,627 licensed PAs in Michigan provide. The opening of the Public Health Code and Mental Health Code pose numerous opportunities for our profession and others to impact the health care system in Michigan. We CANNOT afford to miss this opportunity to educate OUR state Senators and Representatives on the PA profession and how WE ARE A SOLUTION for the health care crisis.

EVERY PA is requested to come to the Radisson Hotel in Lansing on **May 22, 2013** and advocate for the PA profession and OUR ability to practice medicine. It is vital to have as many PAs present as possible. We are applying for 5 hours of Category I CME credit and it is FREE FOR ALL MAPA MEMBERS. Registration will soon be available online at www.michiganpa.org and tell a colleague!



2012 MAPA Fall CME Conference Wrap-Up

We had another great Fall CME Conference with attendance that packed the lecture halls. Soaring Eagle Conference Center was an accommodating and gracious host and it was nice to return to this venue for our conference. The family and extra activities available during the conference were very popular and well received, especially the Arts & Crafts night that had a Native American theme.

The caliber of lecturers was far above what we could have hoped for; most all lecturers had standing room only. The topics were varied and presented by passionate experts that helped prove, from evaluation comments, that the content and speakers were the best yet!

The Saturday evening Members Banquet was opened by a poignant and personal story by Lt. Gov. Brian Calley on Autism and his family's awareness and treatment of this disorder. After the banquet dinner, the rousing entertainment was supplied by the 'Dueling Pianos' where a rendition of 'YMOA' will forever be burned into our memories.



MAPA and the CME Committee want to thank all who attended and for the support from the vendors and volunteers- who helped make this conference a success again! We hope you will join us next year as the **2013 MAPA Fall CME**

Conference returns to the Grand Traverse Resort & Spa in Traverse City on October 10-13. Tell your

friends and colleagues, they will assuredly have a great time and gain excellent and valuable CME.



This years' MI PA Foundation Student Quiz Bowl was won by WMU and the student charity drive of toilet paper to benefit the Community Compassion Network was won by CMU. Congrats!



WHO AM I?

Edema of hands and feet along with cervical lymph node enlargement

Symptoms may keep the young patient from holding objects or bear weight

High Fevers can last one to two weeks or longer

Signs: Beau's lines, rash on trunk, conjunctivitis and "strawberry tongue"

(answer in next 'MichiganPA')

(previous Q₃ answer: Thyroid Storm)



“Is the Grass Truly Greener | on the Other Side?”

PART 2

Do you ever wonder if a salaried or an hourly paid position would be better suited for you, your interests and/or your work schedule? Or perhaps which one has a better benefit package? Inexplicably, the grass always seems greener on the other side- doesn't it?

These are questions that we all struggle to find objective answers too. There is no easy way to put these questions in perspective, since these employment experiences are not easily measurable, viewed or experienced exactly the same by any two working PAs. This article is part II of a series where I will be basing my experiential observations on the **Non-exempt PA (hospital-based or “hourly-paid”)** and translating these into insights for you when considering potential employment opportunities.

Hourly Wages / Working Hours:

The big selling point here is the guaranteed certain dollar amount per hour and not per paycheck as you recall for the **Exempt or salaried PA**. For the most part most employers expect a predetermined number of hours that you would work, usually 40hrs/week. The upside if you worked over that is that you would be



compensated “time-and-a-half” for each hour after forty.

Moreover, some employers also pay “shift differential” if you work an ‘off-shift’ and you could earn double the hourly rate if you were to work a recognized national holiday. Unlike in the salaried position where you won't get paid ‘holiday pay’ or shift differential.

The drawbacks? Theoretically speaking, if your business/shift is slow, your employer could close early and send you home, meaning a smaller paycheck for that pay period. The likelihood of this happening depends on the medical specialty, the community being serviced, the employer census, etc.

Similarly, this could happen to a salaried PA; the difference is that the paycheck would remain unchanged, while still having worked less hours to show for. So this can be a great thing when you don't have to worry about the time clock – you still get paid the same

even though you were 11 minutes late.

The Benefits Package:

Unfortunately, the hourly-waged PA is at a slight or huge disadvantage depending on your perspective. For instance, it is not uncommon for salaried PAs to have a smorgasbord of perks when it comes to the benefits package. Let me list for you some of the various “flavors” if you will, in which they may come:

- \$ 2000/year for CME / (paid as taxable cash at year's end if not used) + 5 days travel / 2 weeks vacation
- \$ 1500/year for CME / (lost if not used by year's end) / + 7 days travel / 3 weeks of personal time off (PTO)
- \$ 4000/year for CME / (lost if not used by year's end) / + 5-14 days travel / 2 weeks vacation / No Health Insurance provided for family
- \$ 1200/year for CME / (may carry over 1 year only, if not used) / + 4 days travel / 2-3 weeks of vacation with computer allowance (laptop replacement every other year)

Another slight tangible benefit is the monies or budget allocated for tuition reimbursement. The salaried PA on average gets 2x the amount provided compared to hourly-paid employees. Again, reimbursement for professional dues/affiliations, licensure fees, malpractice coverage are by far more easily covered and provided for the exempt PA. A huge drawback for the hourly-waged PA, although usually provided and covered too, but at a much less amount or not included at all. Certainly, a less attractive picture for many when you have to cover these expenses yourself.

Miscellaneous Work Issues:

The hospital-base PA from my perspective seems to be less “micromanaged” on their day-to-day clinical activities. This higher autonomy is priceless for some PAs;

your clinical management or decision-making skills don’t seem to be clashing with autocratic physicians. Oftentimes, you’re under the direction of a team, with either a supervising physician/ chief resident or a more senior PA who is actually your boss. There is also less chance of being abused or underrepresented if you were to encounter or experience difficult interpersonal work conflicts as often times is experienced in the salaried positions. Naturally this gives you more sense of stability and parity, knowing that you have recourse or resources to mediate or arbitrate a conflict objectively; if you were to be the subject embroiled with a ruthless and unsupportive autocratic supervising PA/physician(s).

As an hourly-paid PA, you do not have a contract over your head with potential restrictive clauses if you resigned. Breaking a contract always places you at

risk for “breach of contract”. However, in these circumstances, it is easier to terminate the working relationship less acrimoniously compared to the salaried PA position. A 2-4 week notice is customary, as opposed to a potential drawn out legal battle, if there was a contract involved.

In short, don’t assume one working situation is better than another and while it might be, you must crunch the numbers and weigh the pros & cons for yourself. So before you think the grass looks greener on the other side, a word of advice: think again...

Marcos A. Vargas, MSHA, PA-C is a physician assistant in Orthopedic services at Hurley Medical Center. He also is MAPA’s Region V Representative and has an extensive work experience and has been retained by legal firms for an expert opinion and consulting reviews.

Thank You...

It’s been another year for the ‘MichiganPA’ newsletter, and I would be remiss as the Editor, if I did not acknowledge the authors of articles from the last year and others who contributed their time and expertise.

Brian Gallagher, MSPA, PA-C; Ron X. Stavale, PA-C; Mike DeGrow; Marc Moote, PA-C; R. David Doan III, PA-C; Donna Hines, PA-C; Chelsea Maruldo, PA-S; Chris Slough, PA-S; Eric Kreckman, PA-S; Ashley Davis, PA-S; Sarah Pankow, PA-S; Marcos Vargas, MSHA, PA-C; Barbara Wolk, PA-C; Jim Kilmark, PA-C; Jay Peterson, MSBS, PA-C; Tom Plamondon, PA-C; Thomas E. Vanhecke, MD; Lisa Marie Boucher, MS, PA-C, RD; Emily Kluck, PA-S; Joanna McCann, PA-S; Drew Theuerkauf, PA-S.

A special thank you is extended to MAPA’s Academy Administrator, Alecia Powell for her guidance. To Shawn Detlor of AMR Design; your assistance and vision has helped continue the excellent format of this newsletter and I sincerely value your expertise and patience.

PLANNER

MAPA'S Spring CME Conference

DATE: Friday/Saturday- March 22-23, 2013
SITE: VisTaTech Center- Livonia, MI
FEE: On-line registration coming soon
INFO: www.michiganpa.org or call 1-877-YES-MAPA

MAPA's Legislative Day

DATE: Wednesday- May 22, 2013
SITE: Radisson Hotel, Lansing
FEE: FREE to MAPA Members
INFO: www.michiganpa.org or call 1-877-YES-MAPA

EVENTS / SEMINARS / CLASSES / CONFERENCES

MAPA's Future Fall CME Conferences

2013 Grand Traverse Resort & Spa (Oct. 10-13)
2014 Grand Traverse Resort & Spa (Oct. 9-12)
2015 Grand Traverse Resort & Spa (Oct. 8-11)
2016 Grand Traverse Resort & Spa (Oct. 13-16)



MAPA Career Center

Your destination for exciting Physician Assistant job opportunities and the best resource for qualified candidates within the Physician Assistant Industry.

Searching for a job within your industry?

We feature various Physician Assistant jobs. Ready to start your job search?

Looking to fill a position?

This job board is custom tailored for the Physician Assistant industry, which means we attract the most qualified professionals in Michigan. Create an Employer Account and post your Physician Assistant jobs today!



It's Easy! Visit www.michiganpa.org and click on the Career Center tab!



'The Last Word...'

Coming Home...

These two words can have profound meaning to people, giving jubilation and excitement and yet instill anguish and sorrow for others. Coming home can be used as a term for a loved one who has passed and that they are seen by their survivors as coming home to their god. On the one hand, the survivors of a lost one can feel emptiness or sorrow and the hollow feeling can linger for some time. Others can celebrate a loved one's life and live their lives from the inspiration of their departed one; I chose the latter.

Coming Home...

These two words are what most military families wait to hear from their loved one who is part of a conflict or war. The joy and excitement that is felt and experienced by family members when military personnel arrive back home to their family is infectious. Seeing the surprise of family members when their veteran returns home never gets old. Everyone in the room of this homecoming is affected by the emotions and can on some level, feel the warmth and patriotism of that moment.

Coming Home...

These two words are used often during the holiday season for family from out-of-town, coming home for the holidays, to enjoy their family and friends. With this journey comes a sense of warmth and comfort that surface from past memories of the family holidays and togetherness. It is not dependent on the duration of time spent away, because as soon as you return, the feelings quickly return.

I hope that during this holiday season, you and your loved ones are able to have a "Coming Home" that is befitting your wishes. That loved ones and those serving, make it home safe and sound and that we all can enjoy this season of joy. Best wishes to all and **Happy Holidays!**

Chris Noth, PA-C
Editor, 'MichiganPA'
cjnoth@yahoo.com