DECEMBER 2015

MICHIGAN PA

The Only Informational Resource for Michigan Physician Assistants

MICHIGAN ACADEMY OF PHYSICIAN ASSISTANTS
MAPA

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2015 Fall CME Conference Draws Record Attendance and Great Time for All

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MICHIGAN PA

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President's Message

Volunteerism

The holidays are approaching and with this, the generosity of people seems to increase, along with the hustle & bustle of shopping and celebrations. It is also a time of the year when more is asked of people, through donations of time or money, to a worthy cause.

As many of you are aware, all of MAPA's board positions, committee chair(s) and committee members are comprised of PAs who volunteer some of their time to help advance the PA profession in this state. It is from these efforts of volunteerism, that we are able to have an academy that constantly advocates and supports the PA profession in Michigan.

I previously mentioned in the 'State of the Academy' address at the recent Fall Conference that this is 'Your Academy.' We understand that you appreciate the work that MAPA is doing to preserve your right to practice medicine in Michigan as a PA. We would ask that in addition to your continued membership in MAPA, that you seriously consider volunteering some time to be a part of MAPA; either on a committee or in a board position. This volunteer experience will give you insight as to how MAPA works, but it will also give you leadership skills that will help you in advancing your own PA career. We need to continually infuse 'new blood' and perspectives into and on the MAPA board. This is an investment in 'Your Academy' and ultimately, your future.

We want to engage more MAPA members to become a part of the process that is 'Your Academy.' By giving us some time by volunteering, you can help shape the future of MAPA and make 'Your Academy' the model that other states will want to mirror.

I and the MAPA Board want to wish all of you the very best in Season's Greetings and we all look forward to a prosperous New Year.

We are making progress on our member and non-member surveys, to help with the 'branding' of MAPA and to add value to our member benefits. We are also improving the MAPA website, but we want your voice in guiding these improvements. So as the holiday season comes upon us, we hope that you will give us some of your time as a volunteer, to help shape 'Your Academy.'

I and the MAPA Board want to wish all of you the very best in Season's Greetings and we all look forward to a prosperous New Year.

Best Regards,

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

Your Newsletter Editor's Corner

The excitement of this year's great fall conference held in Traverse City may be behind us now, especially now that the Holiday season is upon us. For all of us, this was a banner year for MAPA. It was certainly full of accomplished milestones and invigorating growth all around. Some new faces have taken the helm of key leadership positions, and the team (MAPA's Board of Directors, Committee Chairs and staff) worked together to expand our services and offerings to you—our members.

Both conferences (Spring and Fall) gave us attendance records. We also laid the foundation and direction – a blueprint, if you will – of our organization for the short term and long term during our strategic planning meeting in Lansing this past April. Plus, through the untiring efforts and longstanding commitment of our Executive Director Mike DeGrow, Legislative Chair Ron Stavale, PA-C, & MAPA President Chris Noth, PA-C, along with your input, feedback and your membership support, MAPA has been blessed in securing favorable legislative outcomes in the State of Michigan. PA advocacy is something that MAPA takes very seriously at all levels so we can all prosper and continue meeting the demands of our local marketplaces in this state.

Equally exciting & impressive were your financial contributions and support of PAMPAC. Also, before I digress, we must thank our CME Committee who always strive to bring the best in the educational continuum to both the students as well as the established practicing PA members of MAPA.

Along the same vein, I would like to thank and acknowledge all the contributing authors/writers through the year in making my tenure as your newsletter editor this first year an enjoyable one. Whether you were a student or a seasoned veteran, your insights and observations enriched all of us and that I can attest, given the complimentary feedback that I have received during this time.

In closing, as you can see, we at MAPA had a great year, but I/we also subscribe to the idea the next one should be even better. So please consider in sharing your thoughts, opinions, but more importantly, consider in contributing an article, essay, op-ed or a brief case report. I can be reached at maravarpac@hotmail.com or by phone at my home phone number 810-659-0435. I will be glad in assisting you in any phase of the write-up/submittal.

Cordially yours,
Marcos A. Vargas, MHSA, PA-C / Michigan PA Newsletter Editor

METADATA: A New Friend or New Foe?

By Marcos A. Vargas, MSHA, PA-C

One of the greatest changes in the practice of medicine in recent years has been the introduction of the electronic medical record (EMR). A change heralded by many with significant promises, however, this was not the case, especially when we started seeing "The Law of Unintended Consequences" play itself out in many allegations of medical malpractice. Thus, for many clinicians- 'the good old days' of the paper chart comfort and safety are vanishing rapidly from the charting landscape, if not already gone. As we know it, our former world of charting practices has been turned inside out, and all because of a new unanticipated legal risk exposure introduced by this new technology—metadata. Plaintiff attorneys are using metadata to bolster electronic discovery, much like they used to when subpoenaing paper charts to determine a case merits; or to see if it was worthwhile to pursue.

Metadata is commonly defined as "data about data" by techno-savvy folks, that is, nonmed-malpractice attorneys. Conversely to med-mal attorneys is the data encrypted (attached) to an EMR that describes the file in its totality. Basically meaning the extra "hidden" (encoded) information that is created and embedded every time a chart is opened, amended, revised or edited. Essentially, this is tracking the author's usage or "foot prints" in a timeline fashion of a patients' electronic medical record.

Metadata is particularly important in healthcare litigation because it firmly establishes the "who," "what," "where," "why," "when," and in many cases the "how," basically analogous to someone's finger prints (1). In other words, metadata shows the author's log-on/log-off times, the dates & times of what was reviewed, revised, amended, added or deleted and for how long the chart was "open". This makes all electronic interactions not only documented and time-tracked, but ultimately discoverable too; therefore, potentially increasing the legal vulnerability of an EMR user. Plus, this raises the risk/possibility of fraud allegations against the provider if the services rendered vs. billed are questionable by the EMR auditor. These time-stamps of clinical activity under Federal law are discoverable in civil trials (Williams vs. Sprint—United Management Co. 2005, WL2401626, D. Khan, Sep 29th, 2005). However, under Michigan state law, the permissibility and admissability/discoverability of metadata is mixed—the jury is still out.

Legal experts believe the increase usage and spread of EMRs may reshape the medical liability landscape by altering the way American courts will determine the Standard of Care or change to the Standard of Care. Moreover, patient treatment errors may be unproven or unclear, yet the collective weight of time-care discrepancies in alleged med-mal cases could be so heavy that in itself could render the case difficult to defend as many legal scholars and theorists observe. While discrepancies in general do not necessarily mean negligence, it certainly shadows the credibility rather easily. Often times that's all it takes in some juror's mind…which story is the most credible one; the plaintiff's or the defense? Time will tell if metadata will be a new friend or foe; we will have to continue watching this new development and how the US courts will interpret this new conundrum.

Resources Researched:

1. Blake, Carter, Note- *EMRs: A Prescription for Medical Malpractice Liability?* Vaid, J. Enterprises & Technology, L 385 (2011), Vol. XVII, Number 4.
2. Kern, Steven, *Hidden Malpractice Dangers in EMRs*, Med Scape Business of Medicine, Dec 3, 2010 (589724), www.medscape.com assessed October 30th, 2015.

2015

MAPA FALL Conference

The 2015 MAPA Fall Conference at the Grand Traverse Resort was a fantastic celebration of the 40th anniversary of continuous quality CME for Michigan PAs. The conference attracted a record number of fellow and student PAs. The weather was beautiful and we were treated to some early fall color. The conference introduced 3 new workshops which were well attended and provided valuable tools for PAs to utilize in providing care for their patients.

The CME committee is busy planning the Spring conference to be held April 8th – 9th, 2016 in Frankenmuth. The 2016 Fall CME Conference has all of us returning to beautiful Traverse City and the Grand Traverse Resort on October 13th – 16th, 2016.

Thanks to all who attended the 2015 Fall CME Conference and we look forward to seeing you in April and again in October of 2016 for the Spring and Fall Conferences respectively.

Donna Hines, PA-C
Jeff Collinson, PA-C, MSA
CME Committee Co-chairs

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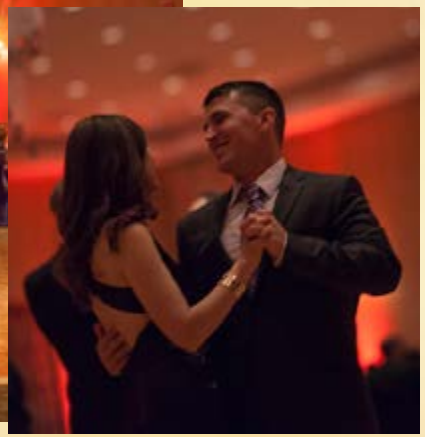
2015
MAPA
FALL
Conference



A PA Executive Dispenses Medicine from the Top Down

By Anne Stanton

You might be aware of how often a person changes careers during a lifetime—not quite as frequent as buying a new car, but maybe replacing a kitchen stove.

But Dan Ladd's early career decision to work with patients was spot on. He started out as a nurse's aide, then moved onto increasingly complex jobs: a respiratory therapy technician, an orderly, an emergency department technician, an emergency medical technician and then a physician assistant. Each job added new responsibilities and deeper job satisfaction.

Today, Ladd, 60, is mildly surprised to find himself as a high-level executive, working for iNDIGO Health Partners, the largest provider-owned hospitalist group in the country with revenues of more than $40 million.

"I don't consider myself that unique, but I guess maybe I am," said Ladd, sitting in the company's conference room that offers a magnificent view of Lake Michigan.

To explain what Ladd does on a daily basis requires an understanding of iNDIGO Health Partners. Based in Traverse City, northern Michigan's medical hub, the company provides teams of physicians, PAs and nurse practitioners to six client hospitals to serve as hospitalists. Most of the hospitals are located in small, rural northern Michigan towns.

Dan Ladd

"To me, the story of iNDIGO is one of trying to preserve health care in rural northern Michigan," said Rich Woodbury, iNDIGO's vice president of medical affairs. "Health care is in jeopardy throughout the country but rural health care is in special jeopardy."

The iNDIGO executive team also advises hospital executives on ways to stay afloat, and even prosper, while providing excellent patient care. The hospitals must cope with low patient counts. On top of that are the complexities of byzantine insurance reimbursements and health care law. Their profit margin is so razor thin that a slight Medicare bump can literally bump them out of business.

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MICHIGAN ACADEMY OF PHYSICIAN ASSISTANTS

MAPA

MAPA's Mission

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

MAPA's Vision

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

A PA Executive Dispenses Medicine from the Top Down

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iNDIGO helps the hospitals attract more patients and properly code their services for a fair reimbursement.

As Chief Clinical Officer, Ladd serves as liaison between the company's 120 hospitalists and its client hospitals.

Ladd's job is to listen to concerns about iNDIGO's hospitalists. He'll talk to hospital executives about their concerns—conversations that nearly always resolve the hospital's unclear or unmet expectations. On rare occasions, he concludes the hospitalist may not be the best person for the team.

Ladd much prefers the other major aspect of his job: to remove barriers that block the hospitalists' ability from doing their job. Those barriers most often include paperwork.

The Affordable Care Act, for example, wants physicians to lessen the number of verbal orders they issue and incentivizes hospitals to do just that. The law's intention is for physicians to convey orders properly and accurately in written form. But Ladd said that requiring a hospitalist to continually sign a written order doesn't make sense when adjusting a patient's insulin dose several times a day or changing what a patient is eating for dinner.

"I see patterns of systemic problems like these in the hospitals, and then I work to change them. One of our hospitals looked at those orders and made significant changes in what they deem as a verbal order, and the burden on our providers was lessened significantly."

On a frequent basis, Ladd takes his seat at meetings next to hospital CEOs and company MBAs.

"Dan is just fantastic to work with," said Helen Johnson, Spectrum Health Ludington Hospital vice president of patient services and chief nursing officer. "His knowledge of both the clinical and business side is a great bridge for working both sides of the table,"

iNDIGO was formed by a handful of hospitalists who worked as employees for Munson Medical Center in the 1990s. In 2001, seven hospitalists banded together and took the bold step of leaving their comfort zone of steady employment to form their own company, Hospitalists of Northwest Michigan. Their first and only client was Munson.

Ladd came on board in 2006, when the company was expanding its need for PA coverage. In 2008, the company wanted to broaden its services to other hospitals in rural Michigan and reorganized under a new name. As they added hospital after hospital, the number of hospitalists quickly grew (along with managerial demands). The firm's principals quickly recognized that the leadership skills of Ladd could play a big role in the company's success.

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A PA Executive Dispenses Medicine from the Top Down

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"We invited our PAs to participate in every aspect of the group including business meetings, which was unheard of as nearly everyone else considers them employees, if not furniture," said David Friar MD, a physician and iNDIGO's president. "Daniel Ladd is an outstanding leader who happens to be a PA. But because he's a PA, he works very well with administrators, nursing staffs, and physicians.

Looking at Ladd's career path, it's easy to see how he reached the executive level with a salary well above even an experienced PA like himself. He glided through one open door of opportunity after another, stepping up for leadership duties along the way. A key turn in his career path began in 1978 at a Lansing, MI, hospital. He was working as a nurse's aide at the time, and met his first PA, a graduate of Mercy College of Detroit.

"I saw was what he was able to do with patients. I very strongly identified with his approach and his style," Ladd said. "He seemed to be able to spend a lot of time with patients individually and answer their questions very knowledgeably. He was able to do the things that the doctors did, but seemed to make a much better connection with the patient. That was attractive."

Ladd, too, attended the Mercy College of Detroit, and graduated in 1984. One of his physician instructors liked his work ethic and medical smarts, and recommended him for a job with Dr. Joshua Wynne, a Harvard graduate, who was just taking his place as chief of cardiology at Wayne State University's Harper Hospital. Ladd was in after just one job interview.

"I worked there from 1984 to 1997—a very good thirteen years," Ladd said. "It was really a 13-year cardiology fellowship. Dr. Wynne is a brilliant physician and an unbelievable person—someone I tried to emulate, an amazing role model. Amazing."

Ladd worked with prominent cardiologists and researchers who significantly contributed to the cardiology field over the years. The hospital was not only a hotbed of research and innovation, but also presented a multitude of challenging patient cases.

"Harper Hospital was in the heart of Detroit, we had a thousand beds and saw a lot of action. There were a lot of sick people. We saw heart failures, heart attacks, arrhythmias. While I was there, I saw the advent of coronary intervention and valvuloplasty.

Early in his career, Ladd became a member of the Michigan Academy of Physician Assistants (MAPA), which at that time was a small club of about 70 PAs. He took a leadership role in the group, putting his efforts into developing continuing education programs and conferences for PAs. Drawing on his extensive experience at Harper Hospital, he also developed a cardiology curriculum for PAs.

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A PA Executive Dispenses Medicine from the Top Down

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When the political winds changed at Harper Hospital in the 1990s, Ladd decided to move to northern Michigan to work for a private cardiology group.

Although rewarding, he found the roles between PA and physician cardiologists far more traditional than his job at Harper Hospital. So when the physician-owned group Hospitalists of Northwest Michigan invited him on board in 2006, he jumped at the chance.

"In the hospitalist realm, I was very much encouraged to stretch myself to my full professional potential," he said.

Even after moving to northern Michigan, Ladd continued to take on greater leadership roles with MAPA, including a three-year stint as president from 2004 through 2006.

Ladd was recognized for his leadership experience and was called on to expand his duties beyond hospitalist. In 2008, when the company restructured, Ladd began working as a liaison between the five owners and rank-and-file hospitalists. As president of the Board of Managers and subsequently the company's Leadership Council, Ladd helped resolve tensions between the hospitalist teams and the company's five owners.

"It was a very hard balancing act, but I think that we did get more of alignment and better communication between the needs and concerns of front line clinicians vis-à-vis company goals and direction," he said.

Last year, Ladd's administrative duties eclipsed his available time to work as a hospitalist. But Ladd said he is still fulfilling his original career goal of helping patients. His position gives him the authority to make a difference in patients' lives through the company's 120 hospitalists.

"It's a good challenge," said Ladd. "At this point in my career, it's a great thing to do. When I was working 12-hour shifts from 3 p.m. to 3 a.m., seven days in a row, it became really, really fatiguing and draining. It's a young person's sport. I understand well the burden of the workload our providers feel.

"But I do miss the patient interactions, the professional connection that you have when you are working on the front lines. Yet it's really this body of work that the whole team tackles. 'Let's join together, see the patients, and see them well.' That kind of camaraderie makes this a fun place to work. I feel in my current position, I actually help a lot more providers and patients than I could on an individual basis."

MHSAA PROTOCOL FOR IMPLEMENTATION OF NATIONAL FEDERATION SPORTS PLAYING RULES FOR CONCUSSIONS

"Any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion, or balance problems) shall be im-mediately removed from the contest and shall not return to play until cleared by an appropriate health care professional."

The language above, which appears in all National Federation sports rule books, reflects a strengthening of rules regarding the safety of athletes suspected of having a concussion. This language reflects an increasing focus on safety and acknowledges that the vast majority of concussions do not involve a loss of consciousness.

This protocol is intended to provide the mechanics to follow during the course of contests when an athlete sustains an apparent concussion.

1. The officials will have no role in determining concussion other than the obvious one where a player is either unconscious or apparently unconscious. Officials will merely point out to a coach that a player is apparently injured and advise that the player should be examined by a health care professional for an exact determination of the extent of injury.

2. If it is confirmed by the school's designated health care professional that the student did not sustain a concussion, the head coach may so advise the officials during an appropriate stoppage of play and the athlete may reenter competition pursuant to the contest rules.

3. Otherwise, if competition continues while the athlete is withheld for an apparent concussion, that athlete may not be returned to competition that day but is subject to the return to play protocol.

   a. The clearance may not be on the same date on which the athlete was removed from play.

   b. Only an M.D., D.O., Physician's Assistant or Nurse Practitioner may clear the individual to re-turn to activity.

   c. The clearance must be in writing and must be unconditional. It is not sufficient that the M.D., D.O., Physician's Assistant or Nurse Practitioner has approved the student to begin a return-to-play progression. The medical examiner must approve the student's return to unrestricted activity.

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MHSAA PROTOCOL FOR IMPLEMENTATION OF NATIONAL FEDERATION SPORTS PLAYING RULES FOR CONCUSSIONS

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d. Individual school, districts and leagues may have more stringent requirements and protocols including but not limited to mandatory periods of inactivity, screening and post-concussion testing prior to the written clearance for return to activity.

4. Following the contest, an Officials Report shall be filed with a removed player's school and the MHSAA if the situation was brought to the officials' attention.

5. Member schools are required to complete and submit the forms designated by the MHSAA to record and track head injury events in all levels of all sports.

6. In cases where an assigned MHSAA tournament physician (MD/DO/PA/NP) is present, his or her decision to not allow an athlete to return to activity may not be overruled.

SANCTIONS FOR NON-COMPLIANCE WITH CONCUSSION MANAGEMENT POLICY

Following are the consequences for not complying with National Federation and MHSAA rules when players are removed from play because of a concussion:

- A concussed student is ineligible to return to any athletic meet or contest on the same day the concussion is sustained.
- A concussed student is ineligible to enter a meet or contest on a subsequent day without the writ-ten authorization of an M.D., D.O., Physician's Assistant or Nurse Practitioner.

These students are considered ineligible players and any meet or contest which they enter is forfeited.

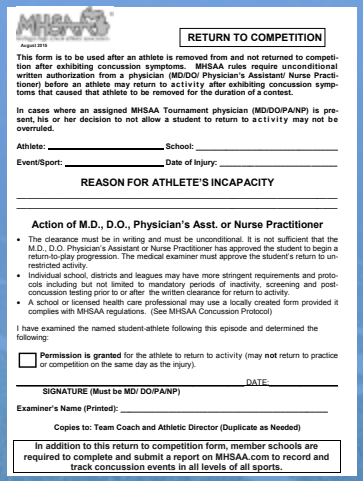
In addition, that program is placed on probation through that sport season of the following school year.

For a second offense in that sport during the probationary period – that program is continued on probation through that sport season of the following school year and not permitted to participate in the MHSAA tournament in that sport during the original and extended probationary period.

CONCUSSION RETURN FORM

Current Recommendations for Returning Athletes to Participation in Sports After a Head Injury

Note: the Michigan High School Athletic Association now accepts return to participation forms from Physician Assistants, as well as MDs, DOs, and NPs.



RETURN TO COMPETITION

August 2015

This form is to be used after an athlete is removed from and not returned to competition after exhibiting concussion symptoms. MHSAA rules require unconditional written authorization from a physician (MD/DO/ Physician's Assistant/ Nurse Practitioner) before an athlete may return to activity after exhibiting concussion symptoms that caused that athlete to be removed for the duration of a contest.

In cases where an assigned MHSAA Tournament physician (MD/DO/PA/NP) is present, his or her decision to not allow a student to return to activity may not be overruled.

Athlete: _____ **School:** _____

Event/Sport: _____ **Date of Injury:** _____

REASON FOR ATHLETE'S INCAPACITY

Action of M.D., D.O., Physician's Asst. or Nurse Practitioner

- The clearance must be in writing and must be unconditional. It is not sufficient that the M.D., D.O. Physician's Assistant or Nurse Practitioner has approved the student to begin a return-to-play progression. The medical examiner must approve the student's return to unrestricted activity.
- Individual school, districts and leagues may have more stringent requirements and protocols including but not limited to mandatory periods of inactivity, screening and post-concussion testing prior to or after the written clearance for return to activity.
- A school or licensed health care professional may use a locally created form provided it complies with MHSAA regulations. (See MHSAA Concussion Protocol)

I have examined the named student-athlete following this episode and determined the following:

☐ **Permission is granted** for the athlete to return to activity (may **not** return to practice or competition on the same day as the injury).

_____ DATE: _____

SIGNATURE (Must be MD/ DO/PA/NP)

Examiner's Name (Printed): _____

Copies to: Team Coach and Athletic Director (Duplicate as Needed)

In addition to this return to competition form, member schools are required to complete and submit a report on MHSAA.com to record and track concussion events in all levels of all sports.

PHYSICIAN ASSISTANTS OF MICHIGAN POLITICAL ACTION COMMITTEE

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 was done at the annual MAPA Fall CME Conference in Traverse City at the Grand Traverse Resort. We had a booth set up just outside the main entrance to the exhibit hall. We were part of the Welcome Reception on Thursday evening of the conference at which donations were accepted. The Board of Trustees of PAMPAC would like to thank all those who contributed at the conference; we were able to raise over $6000 again this year during the conference.

Next year, the entire State House of Representatives will be up for election and we will have the opportunity to support those legislators who are willing to help the PA profession with legislation that is favorable to PAs.

If you did not attend the conference and would like to contribute now, mail contributions to: PAMPAC, 327 Seymour Ave, Lansing, MI 48933. No corporate checks are allowed, private donations only. 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, PA-C, PAMPAC Chair

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

MAPA DUES INCREASE

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

SOURCES/LINKS/CONTACTS:

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

MAPA PLANNER

EVENTS/CONFERENCES

AAPA Leadership & Advocacy Summit

DATE: February 4-6, 2016
SITE: Arlington, VA
INFO: www.aapa.org/las

MAPA Spring CME Conference

DATE: April 8-9, 2016
SITE: Bavarian Inn Lodge
Frankenmuth, Michigan
INFO: Available soon at www.michiganpa.org or call 1-877-YES-MAPA

MAPA Fall CME Conference

DATE: October 13-16, 2016
SITE: Grand Traverse Resort & Spa
Traverse City, Michigan