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Proposed Health Code Changes

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President's Message

The AAPA recently published an article which outlined the states whose constituent organizations had worked to get PA supportive legislation passed in 2013. The article went on to chronicle the 42 states, plus D.C., who passed PA positive legislation; Michigan was not on the list for 2013. I wanted to take a few minutes to point out what an integral role legislative action plays in MAPA activity, as well as, how important this is in the protection of the PA profession in Michigan.

As we move into 2014, we will need to be even more diligent to protect our profession and to advocate for our patients...

MAPA has a very active legislative affairs committee, a lobbyist, and active members who participate in the legislative process. MAPA worked closely with the Michigan senate in 2013 to introduce legislation that would improve the PA working climate. MAPA also provided critical guidance to the Governor's office on how the health code might be updated to improve patient's access to care, and the PA professions ability to provide that care. We as an organization will wait to see what effect these labors will have, and look forward to our next opportunity to act on behalf of our profession.

Throughout all of these efforts, we have continued to emphasize the importance of the team approach to healthcare. This proven method of expanding safe and effective care to patients in Michigan is what sets us apart as healthcare providers.

As we move into 2014, we will need to be even more diligent to protect our profession and to advocate for our patients; 2014 provides all Michigan PAs the opportunity, and in most cases, the obligation to participate in the legislative process. We will be calling upon our membership to participate in lobbying efforts as they become necessary in the coming year. Change is coming to healthcare in Michigan, and the team-based approach, championed by PAs and MAPA, needs to be kept in the forefront of the evolving discussions involving access to care in Michigan. Be proactive, informed and voice for MAPA's legislative efforts in 2014.

Jay Kaszyca, PA-C

2013-2014 MAPA President

Remember to attend MAPA's Spring CME Conference in early April and Lobby Day in May and learn more about what you can do to help our Academy in Lansing.



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.

MAPA Reimbursement Information Updates:

Submitted by: Jim Kilmark, PA-C, MAPA Reimbursement Chairperson

#1 BCBSM clarifies its intent regarding PAs ordering Physical Therapy – No Physician co-signature/certification required

Over the last year the Michigan Academy of Physician Assistants has been communicating with the Michigan Physical Therapy Association (MPTA) regarding a communication they received announcing that under Blue Cross Blue Shield of Michigan's (BCBSM) certificate of insurance, PAs could not order Physical Therapy and subsequently, the PT practices would not be reimbursed.



It was announced at MAPA's Fall CME Conference that after the MPTA communicated with BCBSM that there may be a requirement developed that could allow PAs to order PT for BCBSM patients, but would need a physician co-signature.

A final meeting was had between the MPTA and BCBSM after MAPA officials helped outline the legal definitions of what a PA

can do and that according to the Michigan Health Code and clarification by the MI Attorney General's office, that a *PAs signature is considered an order by a physician*. This information was considered by BCBSM and made the final decision that PAs can continue to order PT for their BCBSM patients **WITHOUT** any co-signature.

The Michigan Academy of Physician Assistants – Reimbursement Committee would like to thank Gina Otterbein from the Michigan Physical Therapy Association for her diligence and open communication with MAPA in preserving access to patients needing PT services.

#2 Blue Cross Blue Shield of Michigan updates its exclusion chart regarding PAs and CNPs

In the January 2014 edition of "The Record" BCBSM announced there only three auto contracts that remain which exclude PAs and CNPs from "direct" reimbursement for services.

Chrysler groups 82300 and 82500

TRW group 71393

BCBSM "The Record" Link: http://www.bcbsm.com/newsletter/therecord/record_0114/Record_0114p.shtml

Please remember that PAs can see patients under these contracts but that in order for payment to be obtained the "indirect" method under BSBSM must be documented and it must be billed correctly under this "indirect" method. This was clarified in the Feb. 2009 edition of "The Record."

Spring is Coming In April!

The **2014 MAPA Spring CME Conference** is again a day and a half CME conference presented by MAPA. We will have lectures that pertain to the professional side of the Michigan PA profession. It will feature more of the excellent lectures you have come to expect, topics include: *Reimbursement of PA services, MAPS Program, Payment Reform and Provider Reimbursement Strategies, Billing & Coding and ICD-10, PA Fraud Schemes, Responsible Opioid Prescribing and more!* Full agenda can be found on the MAPA website, under the Conferences- Spring tab. We will be seeking 11.5 hours of Cat I CME Credit for attendees.

EVENT: **2014 MAPA Spring CME Conference**

SITE: Livonia Marriott Hotel- Livonia, MI
(Adjacent to the Laurel Park Place Mall)

DATE: **Friday/Saturday April 4-5, 2014**

FEE: Registration is currently available at
www.michiganpa.org

Breakfast and Lunch are included in the registration fee; overnight accommodations information is available on the MAPA website at www.michiganpa.org.



Five Misconceptions You Could Have About Medical Liability Insurance

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

The biggest risk exposure to your career, aside from “super lawyers” and/or litigious/difficult patients, could come from the least expected source—yourself. The wrongfully pre-conceived notion about medical malpractice professional liability insurance can be your biggest enemy. Don’t fall prey to risk transference misinformation when debating the idea of purchasing your own medical liability insurance policy. So, before you dismiss or hesitate exploring this idea further, let me give you some compelling reasons why you should pause for a moment and take a hard look at this subject matter more closely and with an unbiased eye.

Misconception # 1: My employer’s policy coverage suffices:

Nowadays, lawyers are well aware of PAs increased scope of practice; in fact, we no longer fly below the radar when lawsuits are filed. According to Physician Insurers Association of America (PIAA), the average indemnity paid for NPs/PAs was \$174,871 (higher than the average indemnity paid by physicians).

Sadly enough, many PAs think they have adequate protection through their employer-provided coverage; what they fail to realize is that these policies often leave

them unprotected (including their assets). This costly mistaken belief has been learned the hard way when employer’s policy covered part but not all of a plaintiff’s award or settlement. Or they had no access to their own defense attorney, or better yet, the policy didn’t cover additional exposures. Other examples could include a HIPAA violation allegation or any other form of licensure (administrative) claim that was not provided or included as a policy benefit. Over reliance in your employer’s policy can leave you unprotected, either partially or fully and you can be held liable for paying a claimant’s award.

Don’t be lulled into thinking that you have peace of mind. Remember, if you don’t have your own additional stand-in policy, the carrier is not beholden to you, but rather to your employer and your employer alone!

Misconception # 2: I’m not practicing in a “high-risk” medical specialty:

Even if you think you’re a prudent clinician, or have great clinical rapport with your patients, you still at risk; even more so if you practice in those highly notorious litigious medical subspecialties such as: OB-Gyn, Surgery, Emer-



gency Medicine, Neurosurgery or Orthopedics.

Perilous as it may sound you can still mitigate these risk exposures. Resist the temptation to rely on this false sense of security just because you may be practicing in a “non-litigious” or “low-risk medical specialty”. Your practice, unbeknownst to you, may possibly be in a “juror-friendly community.” Case in point, your chances of being named in a lawsuit would be higher if you were living in Wayne County, MI as opposed to being a provider in Lincoln, Nebraska. Living and practicing in a high-risk medical specialty can be a significant “game changer” as the medical malpractice literature has shown time and again.

Misconception # 3: The Policy Premium it’s too expensive:

Most of today’s insurance policy premiums are more affordable than they have ever been. In some circumstances, the affordability factor comes down to \$ 2.00

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a day (i.e. PA Asset Guard). More importantly, you can even tailor your own policy coverage; while in other instances you can be given credit(s) and further lower your out-of-pocket expense if and when you actively participate in their own Risk Management programs (i.e. seminars, webinars or conference programs, etc). These can help you qualify for a “lower” or “preferred rates,” thus making it a cost-effective risk deterrence move.

Misconception # 4: They (companies) are all the same:

Do not become a victim of stereotypical shortsightedness. Not doing some basic company research and understanding their industry rating and standing can be more detrimental to your career protection more so than any other risk exposure/issue. A company's A.M. Best or Standard & Poor's rating not only establishes the past reputation of the carrier, but also their industry fiscal stability and reserves as well.

Industry steadfastness and longevity are definitely key criteria to consider aside from rates alone, when buying a stand-alone liability policy. It's imperative you do your research and select the best rated carrier from the aforementioned independent respected agencies. Obviously, they are not all created equal nor do they offer the same coverage benefits. If you can, select the highest rated company among your choices, either an A++ (A.M. Best) or AA+ from (Standard & Poor's); a lesser ranked/rating would be a bit of a gamble.

Misconception # 5: Policies are too complex to understand:

Because today's PAs increasingly rely on the web to find the insurance products and services they need, choosing features or packages that best fit their needs have never been easier. You can readily obtain an instant free and good no-obligation quote either through the telephone or online. In most cases, easy step-by-step instructions

will guide you in filling out a short online form or using a touch tone phone, the process is just as easy. In only a few minutes, a quote can be downloaded or given to you and can be tailored to your specific career needs or professional circumstances.

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Physician Assistant Student Learning Style: Can It Predict Their Medical Specialty?

By David Areaux, MPAS, PA-C and Eric Vangsnes, Ph.D., PA-C

INTRODUCTION

The Physician Assistant (PA) profession, since its inception, was traditionally focused on primary care roles within family practice, internal medicine and pediatrics; accounting for 70% of the PA workforce in 1974, while 11% of the PAs worked within medical or surgical specialties.¹ Since the mid-1980's, the trend has been for more PAs to transition into medical and surgical specialties.

This trend toward specialization can be seen in the number of PAs specializing. In 1984, 18% of PAs worked in medical and surgical specialties; by 1991, this population increased to 22% and 43% in 2006. In 2008, PAs practiced in more than 60 different specialty fields, 37% reported that their primary specialty was one of the primary care fields: family/general medicine (26%), general internal medicine (5%), general pediatrics (3%), and obstetrics/gynecology (2%). Other prevalent specialties for PAs include general surgery/surgical sub-specialties (25%), emergency medicine (11%), the sub-specialties of internal medicine (10%), and dermatology (4%).^{1, 2, 3, 4}

The question then arises: Is there a possible association between a physician assistant graduate student's learning style and their subsequent choice of medical specialty? Also, with the increase in post-graduate residency programs, another question to be considered is: What attributes or learning style does an individual possess that draws them to a certain specialty and allows them to succeed in their post-graduate residency training? The different types of PA student learning styles are described in Kolb's Learning Styles (Table 1).^{5, 6, 7, 8, 9, 10}

Table 1 — Kolb's Learning Styles

Diverging	Concrete experience (CE) and reflective observation (RO) as dominant learning ability.	People with this learning style are best at viewing concrete situations from many different view points. ¹¹
Assimilating	Abstract conceptualization (AC) and reflective observation (RO) as dominant learning ability.	People with this learning style are best at understanding a wide range of information and putting it into concise, logical form. ¹¹
Converging	Abstract conceptualization (AC) and active experimentation (AE) as dominant learning ability.	People with this learning style are best at finding practical uses for ideas and theories. They have the ability to solve problems and make decisions based on finding solutions to questions or problems. ¹¹
Accommodating	An individual with a diverging style has concrete experience (CE) and active experimentation (AE) as dominant learning ability.	People with this learning style have the ability to learn primarily "hands-on" experience. They enjoy carrying out plans and involving themselves in new and challenging experiences. ¹¹

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CONCLUSION

Many similarities exist between PA and physician career fields (e.g., the need to diagnose and treat illness, reimbursement for services rendered), but there are differences in regard to the educational process, length and cost of education and commitment to one particular specialty. It stands to reason that the traits and learning styles are similar when comparing physicians to PAs, who both specialize. Therefore, being able to identify these traits and learning styles may be of assistance to both physician and physician assistant post-residency programs when screening possible candidates.

Knowing the dominant learning styles of PA students may or may not provide insight into accepting a candidate into a specific post-graduate residency program. However, knowing a student's learning style will provide information needed to tailor the teaching style for each class of PA students.

Researchers should continue to explore learning styles with regard to the overall PA career field (employment projections and future health care planning) and PA education (pre-PA and post-PA education planning). The PA career field pales in comparison to medicine, nursing and the other allied health careers in regard to learning style identification and its impact on PA education, and lastly learning style identification and its relationship to medical specialty association.

Future studies should be performed with post-graduate PA

programs in regards to learning style to see if there are indeed associations to medical specialties. Another potential consideration is to link learning style to the possibility of addressing the manpower needs of providing health care providers where deficiencies exist.

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This research paper will be submitted in an expanded form to the Journal of Physician Assistant Education Association (PAEA) for consideration and publication.

MAPA Submits Proposed Health Code Changes to the Governor

The Michigan Department of Community Health, along with Governor Snyder, invited MAPA and other key health care organizations to weigh in on the Public Health Code (law) and suggest changes that will streamline and modernize the code. Lawrence Burns, the chair of the Public Health Advisory Committee and the body that is charged with the responsibility to collect all the proposed changes, said, "As a valued member of the health care community in Michigan, your input is very important. I encourage you and your membership base to participate in this important project." From all the input that is gathered, he explained, a set of recommendations will be presented to the MDCH Director and the

Governor. After those considerations are made, the Governor will work with the legislature to introduce bills, or incorporate into existing bill language, that reflect the selected suggestions.

In response to the call for input, MAPA put together a workgroup to address the concerns that MAPA has with the Health Code. "I'm very proud of our workgroup and all the time and energy spent on generating comprehensive recommendations", said Jay Kaszyca, president of MAPA. The workgroup analyzed key areas of the Code that affect PAs and submitted suggested updated language and, in some cases, deletion of language. Most of the changes from MAPA reflected many of the components of Senate Bill 568, a bill introduced by Senator

Jim Marleau. "This keeps the recommendations to the Governor consistent with pending legislation", said Brian Gallagher, chair of the MAPA Legislative Committee. "We want to ensure that there is continuity between the executive office and the legislature with SB 568 and the needs of PAs practicing in Michigan."

The components that MAPA submitted for consideration are as follows:

- Remove language that specifies limits on how many PAs a physician can supervise
- Remove the apostrophe "s" from "Physician's Assistant" in the law
- Remove PAs as a "sub-field" of medicine in favor of a specific definition in medicine, as well as looking at terms other than

"supervision" that would define a PA/physician relationship

- Add PAs as a "Prescriber" in the Health Code
- Allow PAs to pronounce death and sign a Death Certificate
- Remove language that allows PAs to be supervised by podiatrists

The deadline for submission was December 13, 2013, but there is no indication, as of yet, when the Governor will arrive at specific recommendations for legislative action. In the meantime, MAPA is hopeful that this process will further encourage dialog between the Governor's office, departments, legislature and the PA profession. MAPA will update the membership as this progresses.

The **Fat** Dilemma: Is it Good or Bad?

By Lisa Marie Boucher, MS, PA-C, RD

If you are like most people, the topic of good fat versus bad fat can be very confusing. In fact, the Academy of Nutrition and Dietetics issued a position statement that suggested “dietary fat for the healthy adult population should provide 20 percent to 35 percent of energy, with an increased consumption of n-3 polyunsaturated fatty acids and limited intake of saturated and trans-fats. The Academy further recommends “a food-based approach through a diet that includes regular consumption of fatty fish, nuts and seeds, lean meats and poultry, low-fat dairy products, vegetables, fruits, whole grains and legumes” (1). Once again, the idea of eating a well-balanced, varied diet continues to be important and, less known, that fat is a vital nutrient. Fat intake helps to provide a concentrated source of energy, provide insulation to our body, make hormones and, in the case of the fat-soluble vitamins (A, D, E and K), can be found in foods with a higher fat ratio. Having said that, TOO much of anything, including a vital nutrient is not a good idea, so special attention needs to be given to the right amount of fat as well as the type of fat eaten.

Furthermore, two fatty acids – linoleic acid (omega-6) and linolenic acid (omega-3) – cannot be manufactured by the body; therefore they MUST come from a food source. These essential fatty acids, have documented benefits for both brain and heart function,



but new research has also suggested potential benefits in cancer, inflammatory bowel disease and autoimmune diseases (2, 3).

Vegetable, nut and seed oils tend to be good sources of omega-6 fats, while oily fish is a great source of omega-3 fats (needed to prevent blood clotting and thereby lowering the risk of stroke and heart disease).

So, what types of fat are good? The fats that are typically called “good” fats are polyunsaturated, monounsaturated, and the essential fatty acids: omega-3 and omega-6. These fats tend to

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The **Fat** Dilemma: Is it Good or Bad? *continued from page 11*

be liquid at room temperature, or in the case of omega-3's/omega-6's, come from foods like fish, flax seeds and walnuts. Although there is no recommended daily allowance (RDA), you can have an omega-3 fatty acid deficiency and experience symptoms like fatigue, poor memory, dry skin, heart problems, mood swings/ depression and poor circulation!

What about the bad fats? These villains include many saturated fats, hydrogenated fats and man-made trans-fats (also known as partially hydrogenated fats). An easy way to identify these fats is they tend to come from animal sources, or have undergone a chemical process that makes them solid at room temperature, like lard, butter and tropical oils (like palm kernel oil). If you are a label-reader, you will notice that many processed convenience foods are made with hydrogenated or partially-hydrogenated oils. The good news is that more pre-packaged food products on the market are being labeled as "trans fats-free." The Dietary Guidelines recommend no more than 7% of total calories come from saturated fat. This means that if you eat 2,000 calories a day, you would need to keep your saturated fat intake below 15 grams for the day.

Now the obvious question is: If I eat a low fat diet, will I lose weight? Well, it depends. Numerous studies have found that low-fat diets didn't make a big difference in weight loss or overall health improvements. Why? Because low fat diets are typically high in carbohydrates (especially refined carbs) and since we don't feel the same satiety from this type of food, there is a predisposition to consume MORE calories in general. Since it takes a net displacement of 500 calories a day to lose a pound of weight, it is easy to see why one would gain weight! In fact, eating too many carbohydrates can cause sharp increases in both insulin levels and glucose, which as you know, may increase the risk of heart disease, hypertension and diabetes. Additionally, this type of diet can also raise triglycerides and decrease HDL, which is associated with the development of heart disease.



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The **Fat** Dilemma: Is it Good or Bad? *continued from page 12*

So what is the recommended guideline for fat? The American Heart Association's Nutrition Committee encourages the following for healthy Americans over the age of two (4):

- Limit total fat intake to less than 25–35 percent of your total calories each day;
- Limit saturated fat intake to less than 7 percent of total daily calories;
- Limit trans-fat intake to less than 1 percent of total daily calories;
- The remaining fat should come from sources of monounsaturated and polyunsaturated fats- such as unsalted nuts and seeds, fish (especially oily fish- such as salmon, trout and herring, consumed at least twice per week) and vegetable oils.



What is the bottom line? Choose food sources with healthy fats like monounsaturated, polyunsaturated fats or foods rich in omega-3, while limiting saturated fats and avoiding trans fats.

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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.

"We NEED YOU Now More than Ever!"

Due to pending legislation affecting the Public Health Code in Michigan and a physician assistant's ability to practice, **we need you to attend Lobby Day 2014.** No lobbying experience necessary. Sign up today!"

May 13, 2014

Visit www.michiganpa.org to register!

MAPA is seeking volunteers for CME Chair and Newsletter Editor.

Chris Noth, PA-C, will be stepping down after the 2014 Fall CME Conference as CME Chair, and at the end of 2014 as Editor of 'MichiganPA' to pursue other adventures. Chris has spent many years as a volunteer in these capacities, his dedication and hard work in these rolls is appreciated.



We will be looking for someone to take over each of these rolls. If you have the time and energy or know of someone

that would be interested in filling either of these positions, please contact the MAPA office at (877) YES-MAPA or mapa@michiganpa.org.

Call for Candidates

To the 2014-2015 MAPA Board of Directors

Are you interested in becoming involved in Michigan's PA leadership? If so, **MAPA Wants You!** There is no better way to develop both personal and professional leadership skills than by serving on the Michigan Academy of Physician Assistants Board of Directors. This volunteer leadership commitment challenges you to go beyond the required ideals for your profession and provide ideas and solutions that make an impact to the academy that represents Michigan PAs. Board service allows you to hear different perspectives on issues and helps you form contacts for your professional growth. Volunteer participation on MAPA's board will allow you to meet and work with professionals who have similar interests and help to advance our state academy.

MAPA is seeking nominations for the offices of President-Elect and Treasurer. Additionally, nominations are being sought for elected Regional Representatives to the MAPA BOD from Regions 2, 4 and 6.

Candidates seeking to be placed on the election ballot must submit a statement of interest to the MAPA office that includes biographical data, eligibility for office, credentials and election platform- by April 1, 2014. This information can be submitted in the form of a cover letter with resume' and will be distributed electronically to the voting MAPA members along with the ballot.

A candidate for the office of President-Elect must have been a fellow member of MAPA for at least three of the last five years and a current AAPA fellow member. The proposed nominee must have accumulated during the past five years, two distinct years of experience as a member of the board of directors, or either as a MAPA delegate to the HOD, on any of MAPA's standing committees or accumulated the necessary experience deemed appropriate by the Nominations Committee.

A candidate for the office of Treasurer must have been a fellow member of MAPA for at least two of the last five years, current AAPA fellow member and/or accumulated the necessary experience deemed appropriate by the Nominations Committee.

Candidates for Regional Representative must be a fellow member of MAPA in good standing and live in the region they seek to represent. You can refer to the MAPA website to view the MAPA regional map and see the region you live in.

MAPA is also seeking nominations for Chief Delegate, delegates and alternates to the 2015 AAPA House of Delegates (HOD). All candidates for MAPA Chief Delegate/delegate/alternate to AAPA HOD must be current members of AAPA and fellow MAPA members for the year preceding candidacy. All candidates for MAPA Chief Delegate shall have served at least one term as a delegate with the Michigan delegation. All candidates for MAPA delegate to the AAPA HOD shall have served one term as an alternate delegate with the Michigan delegation. The term for delegates/alternates from Michigan to the AAPA House of Delegates shall be one year and begins on July 15th of the year of election. Delegates and alternates will serve as representatives of the MAPA membership at the AAPA House of Delegates.

To sustain the atmosphere of MAPA's BOD, we need creative and energetic individuals that will help promote quality health care delivery and the PA profession in the state of Michigan. **Nominations are due to the MAPA office no later than April 1, 2014.** New nominations criteria are available on MAPA's website for review.

E-mail your completed submissions to:

apowell@managedbyamr.com

or mail paperwork to:

MAPA
c/o Alecia Powell, Academy Administrator
1390 Eisenhower Place
Ann Arbor, MI 48108



Q & A about MAPA'S CME Conferences

Q: Why aren't there more CME meal lectures at the MAPA Fall CME Conference?

A: The most expensive portion of any conference is the meals, whether it's a breakfast, lunch or breaks. To help offset this financial burden, we try to obtain pharmaceutical support, in the form of a speaker from the company and in financial support of paying for the meal. These pharmaceutical sponsored meal lectures do not receive CME credit, but they do have useful information within the lecture. Thus, the financial burden to MAPA for a meal is partially or completely deferred and we are able to offer a medical lecture.

Q: How are the conference sites selected?

A: Choosing the site for the MAPA Fall CME Conference is a balance between finding a venue that attendees want to go to, a venue that can accommodate our number of registrants/vendors and a place where we will meet our room nights. When a contract is made between an organization and hotel for a conference, the hotel wants a guaranteed number of filled rooms per night of the conference. If these room nights are not achieved, then the organization will be charged for the unfilled rooms per the contract. There are only a few places in Michigan that can accommodate our size for the Fall Conference, that we can fill our room block/ nights and is a destination that people will want to travel too. Typically, the conference venue is contracted five years in advance for the Fall Conference. The MAPA Spring Conference venue is a smaller audience and held in a more PA-rich geographical location.

Q: How are the topics for MAPA conferences decided upon?

A: With the MAPA CME Committee, we are always looking for new technology, ideas and treatment options for disease states that we feel will be worthy topics. Plus, all areas of medicine try to get covered as topics at the Fall Conference; several topics are basic and necessary- Diabetes, Hypertension, COPD, Pain Management. The Spring Conference has topics pertinent to the professional side of the PA profession; so the majority of the topics are on Reimbursement, Licensing, Billing & Coding and work environment issues, rather than medicine. We are constantly on the lookout for available topics, whether looking at topics from other conferences, worthy news items or suggestions from previous MAPA conference evaluations. Then our focus shifts from identifying topics to finding suitable and worthy speakers for these topics.

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Q & A about MAPA'S CME Conferences *continued from page 16*

Q: Why aren't there more family oriented activities at the MAPA Fall Conference?

A: We try to gauge our family activities at the Fall Conference based on venue, popularity of activity and seasonal changes. Weather permitting, we attempt to have an activity outdoors, but this is very difficult to plan. While more people are bringing their families to the Fall Conference, the main focus of the conference has to remain 'quality CME lectures.' We do plan some family oriented activities for Thursday and Friday evenings and leave the day for lecture attendance and family exploration in the host city.

Q: Why do you charge the conference registration rate as posted?

A: The costs that make up the MAPA Fall CME Conference come from several areas:

The largest expense for the conference are the 'Food & Beverage' fees. Other costs associated with the event are room rental charges, speaker associated fees, vendor hall expenses, conference give-a-ways, registration & printed materials, CME application fees, audio visual expenses and other ancillary items add to the expense of hosting such a great event. The additional revenue generated from the conference through registration fees contribute to the MAPA general fund to further the advocacy of Physician Assistant's in Michigan.

Adding all this together and dividing by the number of attendees, the MAPA conference registration rate is very reasonable, when compared to other conferences that offer as many quality CME credits.





A Day In The Life...

Submitted by: Ron X. Stavale, PA-C, Immediate Past-President of MAPA

Recently, I was hitting the road to Lansing by 6:30am with a \$1,000 check in my pocket, en-route to a fundraiser for Representative Gail Haines. Even in this unusual early morning time period, the Lansing legislative movers and shakers were going to be there; so **it was important that a physician assistant be there to represent our profession.** Representative Haines is the Chair of the House of Representative's Health Policy Committee, which is where the Nurse Practitioner Independence Bill sits after passing the Senate 20-18 late last year. Incidentally, the money being donated for this fundraiser did not come from MAPA dues; it is through voluntary donations from Michigan PAs to the Physician Assistants of Michigan Political Action Committee (PAMPAC). PAMPAC donates money to the legislator's campaigns who may be on important committees like Health Policy and those who are or should be friends of the PA profession and are sensitive to our issues.

When it comes to issues that affect our ability to practice medicine and promote our 'product', a face-to-face meeting has a considerable impact and impression over a phone call, text or a mailed in donation.

The 'easy way' to donate money from PAMPAC would be to place a 49 cents stamp on an envelope containing the donation check and mail it to the representative. This 'easy way' would have cost us as PAs, an invaluable opportunity to meet with

Representative Haines and representatives from the various health care organizations and express our concerns that we need their attention too; having a presence at functions like this speaks volumes for the PA profession in Michigan. The other organizations present at this early morning fundraiser included: the Michigan State Medical Society (MSMS), the Michigan Osteopathic Association (MOA), the Michigan Hospital Association (MHA) and the Advanced Practice Nurses.

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It is important to remember that with these types of opportunities, we can't take the 'easy way', but instead, travel a path that has a promising outcome. The purpose of these fund raising events is more than donating financial support; it is all about building relationships and developing a rapport with all of these legislative folks who vote on bills that may positively or negatively affect our PA profession. The legislators need to know you, your organization and the issues that are important to your profession and their constituents. They do that through events like this and through visits to their office, whether it's in Lansing or their home district.

By analogy, this scenario is similar to the pharmaceutical reps who visit us in the hospital/offices or by hosting pharmaceutical dinners or events. The pharmaceutical representatives have the opportunity to meet, get to know and build a relationship with us. We all have a sense of the pharmaceutical reps: Do they seem knowledgeable, sincere and is their product or equipment worthwhile? MAPA has a lobbyist who could go in place of a PA, but **it is paramount for the legislators to get to know our 'product' (the Michigan PA and our profession), so they will know that we are knowledgeable, sincere and that our 'product' is good!**

Over the last 15 years, MAPA has developed a mutually respectable relationship with MSMS and MOA. Remember that in 1999- MSMS, MOA and the Michigan Academy of Family Practitioners (MAFP) all testified against the ability of PAs to be delegated controlled substance prescriptive privileges (imagine not writing for controlled meds in the hospital or your office! I know...you can't!). The work of these past years in developing this relationship between MAPA and the other health care organizations, from PAs willing to devote their personal time to this endeavor, is now good; because our PA 'product' is good! Evidence of this mutually respectable relationship was fortified when MAPA, MSMS and MOA came together in 2010 and formed a consensus statement to guide a cooperative effort to improve safe access to healthcare through a physician-PA team. Because of this good relationship, last year MAPA was able to ask MSMS for their support on a national level. Michigan was one of only six states in the country that had the ability to have their physician colleagues support PAs, when the AMA considered limiting the practice of surgery only to physicians; surgery was described as any 'altering', 'repairing', or 'cutting' of tissue. This resolution had strong support, but it was tabled from the support of our physician colleagues. The important point to remember is that these threats

to our ability to practice are real and will re-occur!

When MAPA asks PAs to join or renew their membership, it is in large part to support the only organization that represents their professional interests in Michigan and to help us keep vigilant about practice issues and errors in interpretation of existing legislature. We may hear on occasion: "What does MAPA do for us anyway?" Well hey; this is just a day in the life! I guess perhaps the question I would now ask is: **"What are you willing to do for your profession?" "Do you have a day in your life to give and support your ability to practice medicine in Michigan?"** Here is an opportunity which MAPA is hosting in Lansing on May 13th, **Lobby Day**. MAPA is asking PAs to commit to their profession and come to Lansing and learn about the current issues affecting our profession and then visit with their legislator in order to promote, protect and advance our ability to care for patients. We all need to be visible and build a relationship with our legislators, so they know we are sincere, knowledgeable and that our 'product' is good. MAPA will prepare and review dialogue and have an experienced PA go with you on your visit. **The burden is less when the hands are many. Lend a hand!**

Student Perspective from Attending AAPA's Leadership Advocacy Training

By Radwa Koujane, PA-S, 1st year student at Western Michigan University- Physician Assistant Program

What word can I use to describe my experience and do it justice? I have been thinking about it for a while now, and this is what I have come up with – **'enlightening'**. It is so easy to get wrapped up in this amazing career, a career that provides so many physician assistants with versatility to explore varying interests, stability that is difficult to attain with many careers now, and the ability to have a well-rounded career, while also maintaining a fulfilling life at home. It is easy to get wrapped up in all of these perks and fail to remember the hard work that others have put in to their profession, to elevate PAs to the place we are today. Despite the rigorous academic program and months of clinical training that we endure to become a physician assistant, we still have to fight to remind individuals in Congress and on various medical boards, that we are more than qualified to carry on delegated tasks. Without these battles and without these little victories, our role would not be as beneficial as it is today. Although, I could never call myself one who is politically inclined, my future career is of great importance to me; as I would imagine it is to every individual who call themselves a PA. Out of the 90,000+ PAs in the U.S. right now, I think it is safe to say that the overwhelming majority are complacent to work and not become involved in giving back to their profession and lack interest in knowing the rules and regulations for PAs in their

state. Knowledge is power, and is the first step to empowerment of state chapters in cementing regulations that will allow PAs to practice to their full extent of knowledge, education and potential. Before attending AAPA's Leadership Advocacy Training, I wondered: Would it really make a difference if I went and spoke to my representative? I am sure they see many people in one day, what is going to make my concern any more important than the next person's? Then I realized, *if I did not raise my concerns, or ask for these changes that will help me do the most that I can for my patients, who will?* And the answer is, **no one**. This experience has inspired me to continue my

involvement with MAPA and AAPA. In my future, I plan to always remain up to date on what I can do for this profession, as I know it will continue to offer so much for me.

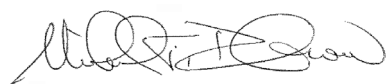


Radwa Koujane, PA-S and Shantel Fessler, PA-S

The Michigan Academy of Physician Assistants has been pleased to participate in a health professions stakeholder workgroup convened by the Michigan Primary Care Consortium. The workgroup was charged to identify strategies to remove as many barriers to full Adult Immunization in Michigan as possible.

In order to effectively accomplish this charge, the workgroup felt it important to get baseline data on the perceptions and practices of our members of adult immunizations, as well as those of their patients. You will be receiving an email survey in early March, asking for your participation in this very important issue. The survey will only take a few minutes of your time to answer twelve brief questions. Be assured that your information will be anonymous and that your submissions will be used only to compile collective data.

Thank you in advance for your help in addressing this growing health concern.



Mike DeGrow
MAPA Executive Director

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MAPA PLANNER

EVENTS/CONFERENCES



MAPA's Spring CME Conference

DATE: April 4 – 5, 2014
SITE: Livonia Marriott Hotel
INFO: Available at www.michiganpa.org or
call 1-877-YES-MAPA

AAPA's Annual Conference

DATE: May 25-28, 2014
SITE: Boston, MA
INFO: Available at www.aapa.org

MAPA's Lobby Day

DATE: May 13, 2014
SITE: Anderson House Office Bldg. Lansing, MI
INFO: Available soon at www.michiganpa.org

Future MAPA Fall CME Conferences

- 2014 Grand Traverse Resort & Spa (Oct. 9 - 12)
- 2015 Grand Traverse Resort & Spa (Oct. 8 - 11)
- 2016 Grand Traverse Resort & Spa (Oct. 13 - 16)
- 2017 Amway Grand, Grand Rapids (Oct. 5 – 8)
- 2018 Grand Traverse Resort & Spa (Oct. 4 – 7)