



*The Only Informational Resource
for Michigan Physician Assistants*

Michigan PA

Adolescent Heart Screenings

Sudden Death from a cardiac event in an adolescent is rare (~1 in 200,000), however, when it occurs in a sporting event, heightened media awareness and public concern immediately develops. Most parents and their children with the underlying cardiovascular conditions are unaware of their presence.

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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.

President's MESSAGE

Ron X. Stavale PA-C

Dear Fellow PAs,

My first order of duty as president of MAPA is to thank my predecessors; Past-President Sue York, PA-C and Immediate Past-President Brian Gallagher, PA-C. Theirs' and all of the Past-Presidents dedication to this academy and to our profession is truly a labor of love. The long hours of personal time invested was to protect and maintain the practice environment for all PAs in Michigan; they did a heck of a job at doing that. Meeting and joining in 2010 with the Michigan medical societies- MSMS and MOA, together we supported the 'Team Approach' to health care, which was monumental and featured by AAPA for other constituent chapters as a standard to work towards. The passing of Public Act 210 in 2011 finally gave PAs the ability to completely prescribe medications for our patients needs in the outpatient setting. Those accomplishments will go down in the history of our profession and PAs in Michigan will reap benefits from those accomplishments for decades to come. If you see Sue or Brian, tell them thanks.

This issue of the MAPA newsletter is mailed to all the PAs in Michigan. The reason this is sent out to the 3,627 licensed PAs in Michigan is to inform you about what is currently going on regarding their chosen profession and to let them know that all PAs have common professional goals, no matter what discipline. We hope to encourage those who have not been members to reconsider joining MAPA.

So why would you join MAPA? MAPA cannot offer you discounts on purchases or VISA cards that get you 2% cash-back or points for air travel, your tenth cup of coffee for free, lower bowl seats at a Red Wings game or meet and greet with the Who, Radiohead or Eminem. We can't provide those benefits but that is not our purpose. Our mission states: *"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."*

So, how does one decide to join an organization? The American Society of Association Executives (ASAE) completed a study to answer this question and the key finding was: *"The individual decision to join does not hinge on a cost-benefit calculation, but rather it reflects an appreciation that goes beyond self-oriented assessment to include an assessment of value generated for a community of interests."*

That leads me to think about what our common interests are and what our shared vision is as physician assistants here in Michigan. I recall the results of a survey we sent out about six or seven years ago. The first question asked of the participating PAs was "Do you think that there should be an organization that represents your professional interests here in Michigan." A resounding 99.3% said 'YES', there should be an organization representing their professional interests in Michigan. To me, this is a clear collective voice from PAs telling MAPA to develop, maintain and protect our practice environment. The underlying message also resonates to the effect that in the minds of Michigan PAs, that **MAPA should exist**. I guess the question is then: How do we frame such an organization to be knowledgeable and effective in representing all of the PAs in Michigan and create a better practice environment to improve access to care for our patients? Having worked with MAPA since 1993, I have seen the 'Two Men and a Truck' days; actually it was four PAs and an administrative secretary. Please believe me, that wasn't pretty and it was too much to do in too little time, for too little pay and minimal success.

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So what did MAPA do? MAPA got smart; we realized our short-comings and used membership dues to hire a professional lobbyist, an executive director and a professional management company. That was not a cheap proposition and it shouldn't be. Just as we want the best health care for our family and the best environment to raise our children, we want the best environment to practice medicine, in Michigan. To achieve those goals we hired the best lobbyist and management company; ***to hire the best and accomplish the most, costs money.*** To fail at achieving those goals hurts every PA in the state of Michigan and nationally for that matter.

As Bob Dylan once said '*the times they are a changing.*' Health care policy is more volatile than I have ever seen. Many agendas hide behind the 'access to care' flag and issues hinder true access to care. MAPA is here to protect your ability as PAs to practice medicine in Michigan and to provide access to care for our patients.

Supporting MAPA doesn't guarantee anything, but it does offer the opportunity to achieve our common professional goals. It offers us the opportunity to be the best that we can be. Not supporting MAPA means that we are putting a lot of faith in the altruism of the other health care professions in Michigan to keep us in mind when reimbursement and scope of practice issues come up.

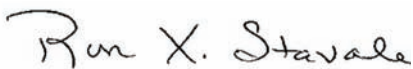
I believe that as much as I believe the emails I get from the Honorable Josiah Achia from Namibia telling me that my long lost uncle left a fortune in diamonds for me if I just send him \$10,000.

Does MAPA miss some emails on occasion? Are there some lost records during transition from one management company to another? Yes, of course that has happened, but you can't tell me that you truly don't want the best practice environment possible or that you feel that by not doing anything, that everything will just work out.

We need support in order to support you. We need you in order to support you. If you can't actively participate in the academy, then become a member and let our professional staff do the job we hired them to do and the job that we volunteered to do.

You may soon hear from your MAPA Regional Representative in the future or I may meet you at a regional meeting or at the hospital where you work. MAPA would like to know what your professional concerns are, not just today or last week, but what do you want to see in ten or fifteen years? I would love to hear from you.

Sincerely,



Ron X. Stavale, PA-C
MAPA President, 2012 – 2013

A Need of Preceptors for the PA Profession

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

Your Michigan PA Programs are in dire need of clinical rotation preceptors! There are five excellent physician assistant programs in Michigan and more in-state universities are currently considering adding their own PA programs. This coupled with the growing enrollment numbers in our current PA programs has further complicated an already difficult situation in finding preceptor sites for current and future students. Instead of looking at the situation negatively, there's an opportunity for our profession and you the PA, to take advantage of a tremendous opportunity to serve your profession and help mold the future.

You may be asking "Why should I precept a student?" PA **PA students are generally very motivated, energetic and eager to learn. Precepting a student allows you to pass on knowledge you've learned over the years and for you to learn from your student as well.**

students are generally very motivated, energetic and eager to learn. Precepting a student allows you to pass on knowledge you've learned over the years and for you to learn from your student as well. Often, students bring fresh insight, up-to-date and evidence-based information and experience in technology. Having a PA student rotate through your office or practice can promote the PA profession to other medical staff.

Another benefit that precepting can provide is as a recruitment tool. You can have anywhere from 4-8 weeks of a 'trial run' for a potential new hire prior to graduation. According to the AAPA/PAEA precepting pamphlet, "approximately 1/3 of PAs found their first jobs from clinical rotations during their education." While precepting, you can test their abilities and skills and orient them to your EMR system/office setting or practice.

Precepting is good for your professional life as well; for every



hour you spend with a student, you get one hour of Category II CME credit. Many schools may also provide their preceptors with perks as well! These perks can include: adjunct faculty appointments, free CME and grand rounds, access to university libraries,

university IDs (with discounts at times to local venues etc), discount on university perks like books, tuition, etc.

Perhaps you are thinking: "I don't have time to precept a student. I am too busy as it is." Yes, taking on a PA student and adequately teaching and supervising will take time, but there are proven techniques that will help keep the time manageable. First, look over the schedule with the student before starting the day and pick out interesting cases to highlight with the student, remembering that your student doesn't need to see every patient you do. During your day, if you feel like you are getting behind, have the student go in and see the patient while you see the next patient or two. After you finish with your patient(s), come back and have the student give a report with key findings, assessment and plan on the patient they saw. Let the student know ahead of time what you are expecting. To keep things fresh and interesting for the student, mix things up a little and go in with the student occasionally and have the student give the report in front of the patient.

What if you say your office is busy? An article by Seim and Johnson (1999) gave tips on effective teaching with minimal downtime. The authors suggest the following:

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A Need of Preceptors *(continued from page 15)*

- Orient students to the practice setting and how a clinic functions
- Clarify your expectations to the students and provide constructive feedback
- Share the students with other partners
- Students generally like to see patients alone first, present to the preceptor and then see the patient together
- Teaching students helps prevent physician burnout
- Inform patients that students will be participating in their care.
- Be a role model and a preceptor that students look up too
- Include students in activities outside the clinical setting

If you are interested in furthering your profession and help shape the future of our healthcare system near you, contact the people below to get started. Where ever you practice in Michigan, you are needed as a preceptor; it will help both personally and professionally.

Additional Information:

PAEA Preceptor Flyer- <http://www.paeaonline.org/index.php?ht=a/GetDocumentAction/i/80710>

Seim, H., Johnson, O. (1999). Clinical Preceptors: Tips for Effective Teaching with Minimal Downtime. *Family Medicine*, 8, 538-539.

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We belong, shouldn't you?

The idea of membership serves several purposes:

- to the individual member,
- to the organization, and
- to the profession itself.



Romanticizing back to a time when it was prestigious or a privilege to belong to something and to say that you were a member carried weight and gave you a sense of belonging and involvement. You knew that the people in this 'group' understood what it took to 'get here' and what you are going through in your chosen profession. It gave you access to the 'back room', where conversations were had, deals made and trust was built. We belonged to something, not just because everyone else did, but because we wanted too; and we didn't expect the world in return. The days of the tight knit club are gone; it may have been perceived that MAPA was once a group like these described, but today's MAPA board is a diverse, energetic and vibrant collection of physician assistants.

Purpose to the individual member

Becoming a member and sustaining a membership in MAPA aids in giving you a voice in how MAPA functions. *Where is it said that we stand mute and let few voices whisper our wants and concerns.* As a member, you have the ability to express your opinion and if you so choose, volunteer on the board in a capacity to help shape the direction and future of MAPA.

As a member, you are able to meet classmates, colleagues and veteran MAPA members at state conferences and meetings, all of which can help you build a professional network and relationships that will prove to be invaluable for you in the future. There is a lot to be gained from the association with fellow members; a sense of belonging and being informed is felt.

Purpose to the organization

As members to an organization, the collective voice resonates its message more forcefully and is heard with clarity and purpose. Any organization thrives with members that can collaborate on a common message for the betterment of its members. Having common goals and direction will lead the organization down a path to a new destination of growth.

Purpose to the profession

Membership in a profession gives you the ability to network with others across a divide that have common interests and concerns. Being a part of a profession yields a sense of unity, common voice and exposes you to a vast network of like professionals.

It is through the voice and network where membership has its greatest effect. It helps unite and inform people in the same profession, enhancing advocacy and value that you cannot place a price on. A membership in MAPA helps to:

- Unite and inform PAs in the state of Michigan
- Advocate on your behalf (Public Act 210 of 2011)
- Discount on MAPA CME conferences
- Networking and mentoring with veteran PAs
- Preparedness for leadership roles in the profession
- Shared professional interests

It is not a duty to be a MAPA member, the duty a PA has is to the patients; but as a MAPA member, you are informed, exposed to discounted quality CME and have a voice of advocacy for the patient. *Think of MAPA membership as a means to your collaborative professionalism.* To join or renew, please visit the MAPA website at: www.michiganpa.org

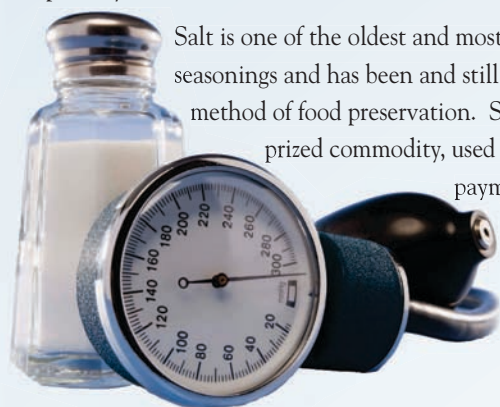
MAPA Membership Committee



‘Shaking the Habit’

Sitting back and thinking about all the foods you eat throughout the day and totaling up the sodium you take in, surprisingly, the amount is typically well above the daily recommendations. Sodium is an essential nutrient that is needed by the body in relatively small amounts; yet the majority of American people consume sodium in excess. The problem associated with this excess sodium intake is that the higher the intake, the higher the individuals' blood pressure. There is a direct correlation and supporting evidence in adults (moderate evidence in children) that as sodium intake decreases, so follows the blood pressure. Sodium is an essential compound for our bodies; it helps maintain fluid balance, muscle contraction and relaxation and nerve impulse transmission. The kidneys naturally balance the amount of sodium in the body, retaining or excreting as necessary. If sodium is in excess within the body, the body will retain water-increasing blood volume and subsequent blood pressure and edema. As is known, an elevated blood pressure is directly related to cardiovascular events, namely- heart attack and strokes; the leading cause of deaths in America. Excess sodium can also contribute to renal disease, LVH, gastric cancer, osteoporosis and possibly dementia.

Salt is one of the oldest and most ubiquitous food seasonings and has been and still is an important method of food preservation. Salt was once a prized commodity, used in trade and for payment of needed goods. The term ‘worth your salt’ is in reference to being paid for



your worth and work, along with giving rise to the origin of the word *salary*. Salt comes in several forms- unrefined, refined and table salt. Table salt is comprised of 40 percent sodium and 60 percent chloride. In America, iodine is added so as to reduce the incidence of iodine deficiency- the leading cause of preventable mental retardation.

Currently, the FDA recommends no more than 2300mg of salt or about a teaspoon per day. Most Americans (age 2 and up) intake about 3400mg of sodium or roughly 50% more per day. Our bodies only need a minimum of 180-500mg of sodium daily to function. The 2010 Dietary Guidelines for Americans mimic the FDA recommendations by limiting sodium intake, but gives additional guidelines if you are ≥ 51 y/o, black, have hypertension, diabetes or CKD- your sodium intake should be 1500mg per day (this lower limit is corroborated by the AHA). On a whole, males consume more sodium than females, with a peak consumption age range for both sexes of 30-39 years of age. The impact of just a 10% reduction in sodium intake for the American population could save hundreds of thousands of people from cardiovascular events and billions of dollars in health care costs.

So where is all that sodium coming from?

The main sources of sodium in the typical American diet are:



Processed and prepared foods.

This is the vast majority of sodium that adds to the American diet. Foods that include bread, prepared dinners of pasta, meat and egg dishes, pizza, cold-cuts, bacon, cheese, soups and fast foods.

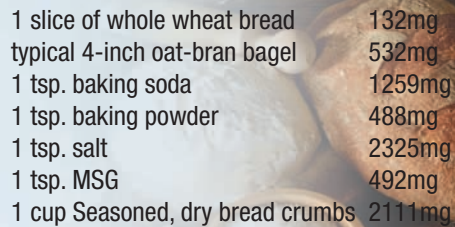
Natural sources. All vegetables and dairy products, meat and shellfish.

Preparing foods and at the table. Many recipes call for salt and salt is added at the table; condiments may also contain sodium.

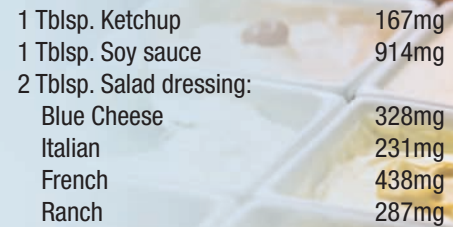
The number one source of sodium in

American diets is Bread. Per slice, the content of sodium does not seem to be significant (approx. 150mg/slice), but Americans eat twice as much bread/rolls than other foods. Other top sources of sodium in the American diet include potato chips and pretzels, cold-cuts and cured meats, pizza, poultry, soup, fast-food burgers, sandwiches, cheese and pasta dishes.

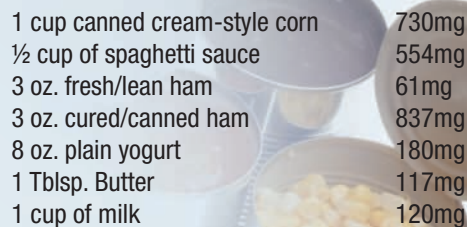
Below is a listing of common food items and the sodium content:



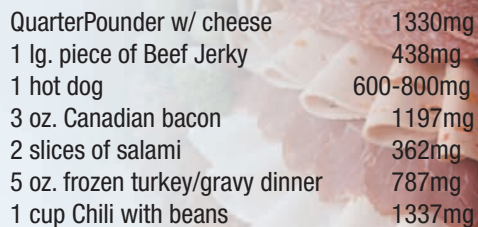
1 slice of whole wheat bread 132mg
 typical 4-inch oat-bran bagel 532mg
 1 tsp. baking soda 1259mg
 1 tsp. baking powder 488mg
 1 tsp. salt 2325mg
 1 tsp. MSG 492mg
 1 cup Seasoned, dry bread crumbs 2111mg



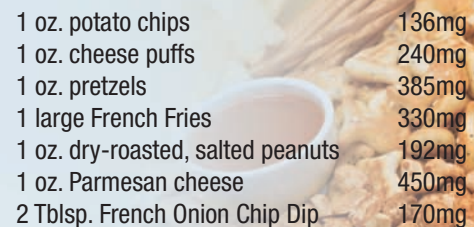
1 Tblsp. Ketchup 167mg
 1 Tblsp. Soy sauce 914mg
 2 Tblsp. Salad dressing:
 Blue Cheese 328mg
 Italian 231mg
 French 438mg
 Ranch 287mg



1 cup canned cream-style corn 730mg
 ½ cup of spaghetti sauce 554mg
 3 oz. fresh/lean ham 61mg
 3 oz. cured/canned ham 837mg
 8 oz. plain yogurt 180mg
 1 Tblsp. Butter 117mg
 1 cup of milk 120mg



QuarterPounder w/ cheese 1330mg
 1 lg. piece of Beef Jerky 438mg
 1 hot dog 600-800mg
 3 oz. Canadian bacon 1197mg
 2 slices of salami 362mg
 5 oz. frozen turkey/gravy dinner 787mg
 1 cup Chili with beans 1337mg



1 oz. potato chips 136mg
 1 oz. cheese puffs 240mg
 1 oz. pretzels 385mg
 1 large French Fries 330mg
 1 oz. dry-roasted, salted peanuts 192mg
 1 oz. Parmesan cheese 450mg
 2 Tblsp. French Onion Chip Dip 170mg

All foods nowadays have nutritional labels and amounts of sodium per serving, to help you realize how much sodium is in that particular food item. Most often, the size of the food item we buy has more than one serving per container; therefore, if we eat a full container of a product, then we have consumed the sodium per serving times the number of servings. Food producers market products to make it look like they have reduced the amount of sodium within their product. They use sodium-related terms like:

Sodium Free:	each serving contains less than 5mg of sodium
Very Low Sodium:	each serving contains 35mg of sodium or less
Low Sodium:	each serving contains 140mg of sodium or less
Reduced Sodium:	each serving contains 25% less sodium than the regular version
Light in Sodium:	each serving has been reduced in sodium by 50% of the regular version
No Salt Added:	no salt was added during processing of a food

As an example, a can of chicken noodle soup has ~1160mg of sodium/cup; if the label states that it has 25% less sodium- that still gives 870mg of sodium/cup.

As health care providers and consumers we need to understand the impact of our high sodium diets and take measures to correct our habits and tendencies. As stated earlier, if we teach and reduce our sodium intake by 10%, it will have an impact to a better health profile. We need to make better choices and

consume fresh foods and fewer processed and prepared foods that are high in sodium. Eat more home-prepared foods, where you have more control over sodium. The 2300mg of sodium per day number was scientifically determined and was based on several trials. One of the more popular trials was the Dietary Approaches to Stop Hypertension (DASH) - Sodium trial. This trial clearly noted that when the daily sodium intake level was kept at 2300mg, the trial participants' blood pressure was reduced. The DASH diet is low in sodium, cholesterol, saturated and total fat and high in fruits/vegetables, fiber, potassium and low-fat dairy products. Adding other lifestyle changes only add to the effect of this diet; as in getting more physical activity.

Over the last four decades, Americans' salt consumption has risen 50%, mostly from eating processed foods and more food prepared in restaurants. This begs the question: Are we as a society, eating more prepared/processed foods from stores and restaurants as a matter of convenience? We are all so pressed for time and getting things on the go, that we choose to be ignorant of what we are doing to ourselves and possibly hypocritical to the patients we treat. There are plenty of resources available for us to make wise choices and to pass onto the patients we treat. **PA**

Chris Noth, PA-C, FAPACVS is a physician assistant in Vascular Surgery and the Vascular Access Care Coordinator for Integrated Vascular Vein Center of Michigan in Grand Blanc. He is also the MAPA CME Chairperson and editor of the 'MichiganPA.'



Introducing the Sixth Michigan PA Program!

Eastern Michigan University - Physician Assistant Program

According to the United States Department of Labor, employment of physician assistants is expected to increase by 30% between the years of 2010 and 2020. In response to pending local and national primary care provider shortages and the changing healthcare industry, the Eastern Michigan University (EMU) Board of Regents recently approved the new Master of Science in Physician Assistant Studies academic program. The EMU Physician Assistant Program is being developed in the College of Health and Human Services and School of Health Promotion and Human Performance on the EMU Main Campus in Ypsilanti. The PA program will be a twenty-four month graduate professional program that emphasizes basic medicine and clinical methods to produce high quality PAs to practice primary care medicine. This developing program will

prepare its graduates to be certified and licensed to practice medicine using autonomous decision making under the supervision of a physician.

Accreditation & Timeline

The EMU PA Program has applied for provisional accreditation from the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA). **The EMU PA Program anticipates matriculating its first class in May 2014**, pending provisional accreditation in September 2013. Provisional accreditation is an accreditation status for a new PA program that has not yet enrolled students, but at the time of its comprehensive accreditation review, has demonstrated its preparedness to initiate a program in accordance with the accreditation Standards.

Additional Program Information

Jay Peterson, MSBS, PA-C is the Program Director for the EMU PA Program and is very excited about

this new opportunity and eager to fully develop this new PA program. Jay is a graduate of the Medical College of Ohio PA Program, clinically practicing PA for almost 10 years in metro Detroit and also a former faculty member at the University of Toledo PA Program. The EMU PA Program is currently seeking PAs to join their team as faculty members, guest lecturers and clinical preceptors. Please visit the EMU PA Program website, call us or stop by the campus to see how EMU is putting Education First!

Eastern Michigan University Physician Assistant Program

Web: www.emich.edu/pa
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Phone: 734.487.0090

SOURCES/LINKS/CONTACTS:

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



Michigan PAs Serve at 2012 U.S. Senior Open

The United States Golf Association held the 2012 U.S. Senior Open Championship at Indianwood Golf and Country Club in Lake Orion, Michigan from July 9-15. During that time PAs- Brian Gallagher, Mary Huyck and Christopher Noth served on the Emergency Medical Staff and Suzanne York served as a Marshall.

During the week, the Emergency Medical Staff provided service to 135 patients- including players, caddies, volunteers and spectators. According to Emergency Medical Committee Chair- Craig Magnatta, DO, "feedback from the players, USGA, spectators and volunteers was glowing!" Brian Gallagher states, "It was an honor to serve the USGA and combine my passion for golf and medicine for the week."

Findings from MDCH 2011 PA Survey

- 3627 Licensed PAs reside in MI

- Educational background of active PAs

10% GVSU
18% CMU
18% WSU
24% WMU
30% UDM

- 32% of PAs Teach

- 10% have Administrative Duties

- 68% are Female

- Age range of active PAs

29% of age 25-34
33% of age 35-44
16% of age 45-54
20% of age 55-64

- Practice Specialty

13% Emergency
20% Family Practice
9% Internal Medicine
6% Orthopedic Surgery
5% General Surgery
4% Cardiology
2% Pediatrics
3% Dermatology

- 23% of PAs left a position in last two years. Of these, 26% left primary care for a specialty position, **up 8%** from 2010

- 97% of PAs are either extremely satisfied (68%) or somewhat satisfied (29%) in their work



MAPA IS PROUD TO ANNOUNCE ITS NEW WEBSITE!

WWW.MICHIGANPA.ORG

THE WEBSITE WAS BUILT FROM THE GROUND UP AND IS SUPERIOR TO THE PREVIOUS MAPA WEBSITE.

THIS NEW WEBSITE ALLOWS YOU TO EASILY UPDATE YOUR CONTACT INFORMATION, PAY YOUR MEMBERSHIP DUES AND READILY SEE UPCOMING EVENTS AND READ BREAKING MICHIGAN PA NEWS.

IF YOU HAVEN'T YET, PLEASE VISIT THE NEW MAPA WEBSITE, YOU WILL BE SURPRISED!



MAPA 12

The 2012 MAPA Fall CME Conference is proving to be the best conference yet. We will have a wide variety of topics presented by experts in their field along with some favorite speakers from the past few years. We have new and familiar workshops, CME-lecture meals and an opportunity for attendees to gain over 25hrs. of Cat I CME credit.

*2012 MAPA Fall CME Conference
October 11 – 14, 2012
Soaring Eagle Conference Center
Mt. Pleasant, MI*

3 Ways to Register!

1 - Online at www.michiganpa.org
2 - Fax to: 734-677-2407

3 - Mail to: 1390 Eisenhower Place,
Ann Arbor, MI 48108

The first evening of the conference will again have a 'Welcome Reception' sponsored by MAPA. This will give conference attendees an opportunity to break the ice and mingle with the MAPA board members. There will also be a donation table for PAMPAC during this

reception. Your donation will help to support legislative issues important to PAs. Friday will open with MAPA's 'Issues & Answers' breakfast, with a 'State of the Academy' address from the MAPA President- Ron X. Stavale. Friday will end with the ever popular Student Quiz Bowl that is supported by the MI PA Foundation. After that last full day of lectures, Saturday evening will start with the MI PAF *Silent Auction* and end with our 'Members Banquet'; Dueling Pianos will provide the evenings' entertainment. The conference will conclude with four lectures on Sunday morning.

Oktoberfest- Beer Tasting

An added activity will be a beer tasting opportunity; you will be able to sample beers from various breweries.



The MAPA Lounge



The 2012 MAPA Fall CME Conference is a great place to meet old friends and classmates, meet new friends, socialize and network for your own benefit and profession.



Conference Charity

The charity chosen for support at the 2012 Fall CME Conference is the **Community Compassion Network**. This is a food pantry which also collects personal care items and is based in Mt. Pleasant. They have the thought

(continued on page 14)

Continuing Medical Education

that: 'basic needs are not something our neighbors should struggle to have.' To find out more, visit www.ccnhome.org The PA schools will have a friendly competition amongst themselves to see who can supply the most food and care items for the shelter to the conference.

Conference Extras

- Enjoy the various services of the Resort Spa
- New and familiar workshops
- 5K Fun Run
- Golf at local courses
- Relaxation Station
- Silent Auction to benefit MI PAF
- Oktoberfest- Beer Tasting
- University Receptions followed by the MI PAF Student Quiz Bowl
- Entertainment at Members Banquet with the 'Dueling Pianos'

Newly Opened- Soaring Eagle Water Park



- Registration is available on-line at www.michiganpa.org
- Preliminary Brochure is posted on-line to view topics scheduled to be presented
- Register by Sept. 10 to receive a \$50 conference registration discount
- Registrants are responsible for their own hotel reservations; to receive a room discount- use promo code: 98I8KI when making your room reservation

Saturday evenings' Members

Banquet lets people mingle and have a wonderful dinner with friends and colleagues. The entertainment will be *Dueling Pianos*, who will sure to delight the audience.



Conference attendees will have the opportunity to gain over 25 hours of Cat I CME credit.

What's the Real Deal with the DEA?

Michigan PAs have been able to prescribe controlled medication for over a decade. The rules allowing controlled medication prescribing are very clear, but there still seems to be many questions surrounding this physician-delegated privilege. At the MAPA office, we frequently hear the following questions:

- 1) Do PAs prescribing controlled medication really need a federal Drug Enforcement Administration registration/number? Can they just use just their physician's DEA number?
- 2) Can physician assistants use a prescription that the physician has pre-signed?
- 3) What information must be included on a prescription for a controlled medication?

To the first question, the short answer is: **PAs delegated controlled prescriptive authority must register with the DEA.** If you are able to write controlled medication scripts, then it is a delegated privilege from your supervising physician.

The second question is also quite clear: **It is illegal for the physician to pre-sign prescription pads for anyone** (including a PA). Information from the DEA website states:

"A prescription for a controlled substance may only be issued by a physician, dentist, podiatrist, veterinarian, mid-level practitioner or other registered practitioner who is:

- 1. Authorized to prescribe controlled substances by the jurisdiction in which the practitioner is licensed to practice, and*
- 2. Registered with DEA or exempted from registration (e.g., Public Health Service, Federal Bureau of Prisons, military practitioners)."*

The answer to the third question comes from the DEA website:

*"A prescription must be written in ink or indelible pencil or typewritten and must be manually signed by the practitioner on the date when issued. An individual (i.e., secretary or nurse) may be designated by the practitioner to prepare prescriptions for the practitioner's signature. **The practitioner is responsible for ensuring the prescription conforms to all requirements of the law and regulations, both federal and state.**"*

Before MAPA was able to change Michigan law authorizing physician-delegated controlled substance prescriptive authority for PAs, it was not unusual to hear of physicians pre-signing script pads for PAs to use to prescribe controlled medications. The PA would assess the patient and determine the amount, dosing frequency and refills of the medication they felt the patient needed, and then filled out the pre-signed prescription. Everyone knew this type of practice was not legal, yet it seemed harmless enough! After all, the physician knowingly gave the pre-signed scripts to the PA and the pharmacy filled them, no questions asked. This arrangement assured that the patient received efficient patient care without having to wait to see a doctor for a medication the PA was otherwise trained to prescribe, however, the problem with this arrangement is that it **circumvented the law.**

This problem became clear to me when I was a member of Michigan's Task Force on PAs. Cases were brought before us, involving PAs who were found to be in possession of pre-signed prescriptions outside their practice location, either intentionally or unintentionally. Since that time, there have been several cases where physicians and PAs across the country have discovered that staff, family members or others have confiscated these pre-signed prescriptions and wrote themselves large amounts of narcotics to distribute or sell. In these cases, it didn't matter to the regulators if the physician or PA was unaware of the situation—it was their signature on the prescription and they were therefore responsible. If you are writing scripts that do not follow the requirements stated in law by the DEA or the state of Michigan, you are simply gambling with your future- that there will be no unintended consequences.

(continued on page 16)

What's the Real Deal with the DEA? *(continued from page 15)*

These types of mistakes can be costly for a PA, leading to disciplinary action and potentially losing one's license. It is very painful to see this happen to a PA, especially considering the effect on their family, career, practice and the patients they care for.

It is our responsibility as professional practitioners to know the law.

Bottom line: pre-signing prescriptions and using pre-signed prescriptions was illegal then and it is illegal now. If you are prescribing controlled medication, it is your duty to register with the DEA and follow the law. According to the CDC, unintentional drug overdose is the second-leading cause of accidental death in the U.S., with about 40% of such deaths caused by prescription opioids.

Another question that is often asked: Can PAs who are entering into practice just include their DEA number on a prescription for controlled medications. This may seem like an innocuous issue, but it's also illegal. Michigan law clearly states:

Public Health Code, section 333.17048(5)

...When delegated prescribing occurs, both the physician's assistant's name and the supervising physician's name shall be used, recorded or otherwise indicated in connection with each individual prescription.

Public Health Code, section 333.17076.3

...When delegated prescribing occurs, both the physician's assistant's name and the supervising physician's name shall be used, recorded or otherwise indicated in connection with each individual prescription so that the individual who dispenses or administers the prescription knows under whose delegated authority the physician's assistant is prescribing. When delegated the ability to prescribe drugs that are included in schedules 2 occurs, both the physician's assistant's and the supervising physician's DEA registration numbers shall be used, recorded or otherwise indicated in connection with each individual prescription.

Federal law requires that the provider writing the script (and making the assessment that leads up to writing the script) include their personal DEA registration number. Michigan law further requires that the supervising physician's identifying information be included on prescriptions written by a PA. The State of Michigan's perspective on this issue is that a PA's prescribing authority is delegated from a supervising physician. State officials want to know and track the delegating physician's practice. The required information can be hand written or identified on pre-printed (not pre-signed) prescriptions and the physician is not required to countersign the prescription. Note that the inclusion of the PAs or the physicians DEA number is not required for inpatient orders.

In summary, all prescriptions for controlled medication must include the DEA registration number and signature of the provider who is creating the script. In Michigan, the delegating physician's name and DEA registration number also must be included on any prescription for controlled medication. Let's keep it legal, follow the law and assure that everyone in your practice does too. If you have questions or concerns about this or any topic, please do not hesitate to call our office.

Respectfully submitted:

Ron X. Stavale, PA-C
MAPA President, 2012 - 2013
Michigan Task Force on PAs (1994-2001)

ADDITIONAL INFORMATION FOR DEA REGISTRATION

The Regional DEA office in Detroit has 2 Registration Specialists for Michigan. Their responsibilities are divided based on the alphabet letter of the last name of the registrant. This will aid you in properly directing the information to the appropriate DEA personnel:

Letters A through L (Direct Line: 313-226-7536) • Letters M through Z (Direct Line: 313-226-7522)

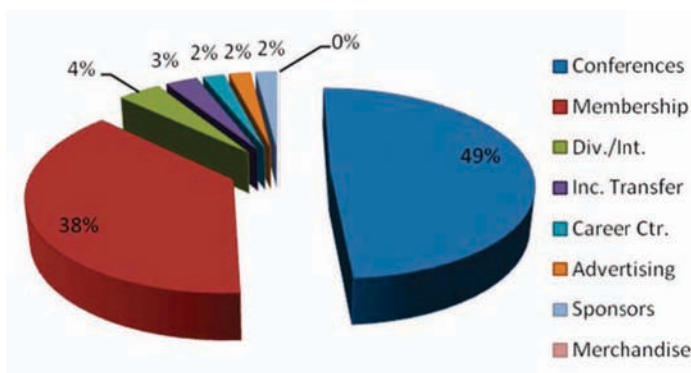
Both fax numbers can be used to send information to both specialists: 313-226-7545 or 313-226-7546

It's a Matter of Balance

On the surface, MAPA seems to run quietly and is always there when you need it, but there is a considerable amount of energy that helps it run smoothly. MAPA is dependent on two things to continue being the primary advocate for Michigan PAs, revenue and volunteers that comprise the board and committees. The MAPA fiscal budget for 2012/2013 was approved by the board and will allow all of us to grow professionally as a group, serve our communities and advocate for our profession, within this state.

Revenue

Our projected total revenue for the current fiscal year is **\$374,250**; the bulk of which (87%) is generated from membership (38%) and conferences (49%). It goes without saying that MAPA is dependent on these two primary sources of revenue to help support and



Revenue



advocate for Michigan PAs. We do not take these two for granted, but we continue to enhance these areas so that PAs can learn and grow from their support of MAPA. Completing the revenue stream, smaller percentages come from the career center on our website, advertising sales and corporate sponsors, interest on accounts and merchandise sales.

Expenses

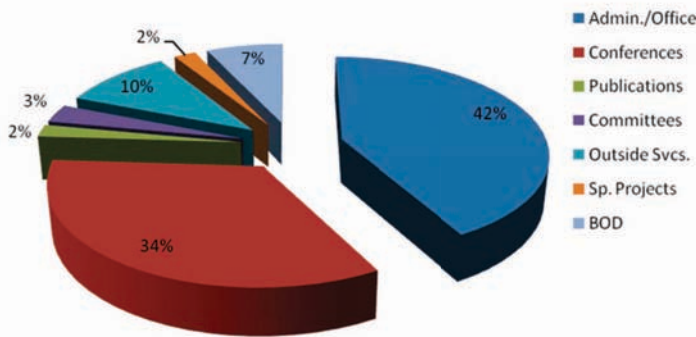
The expected expenses for the current fiscal year is **\$368,332**; the largest slice of the pie (42%) belonging to administration and office expenses. This expense 'slice' is used for day-to-day operations with MAPA's management company- AMR, who also contributes its time and resources for conference support; this also includes the salary for our Executive Director/ Lobbyist, who is ever vigilant in Lansing on MAPA's behalf. The second largest slice of the expense pie is for conferences (34%) with smaller slices for outside services, BOD costs, committee expenses, newsletter, student affairs and public relations. It

(continued on page 18)

It's a Matter of Balance *(continued from page 17)*

needs to be stated that the members which comprise the MAPA Board of Directors and its committees do so voluntarily. The management company is responsible for the daily operations for MAPA and the guidance and expertise from years of experience, for which they are compensated, helps to curb expenses and alleviate the burden of operations from the volunteers.

As with any organization, business or public office, the operations and limitations are guided by the budget and the judicial and economic use of available funds. On the revenue side of MAPA's budget, the two largest portions are membership and conferences; it is from your generous support of these two slices of fiscal pie that MAPA supports and advocates for our profession in the state of Michigan. We hope that from this fiscal transparency, you can appreciate the need for membership dues and attendance at the MAPA conferences.



Expenses

Tom Plamondon, PA-C currently owns and operates a home call practice in central Michigan and has previously practiced in Internal Medicine, Family Practice and Orthopedics. Tom is also the newly elected MAPA Treasurer.

Quote: "Character cannot be developed in ease and quite. Only through experience of trial and suffering can the soul be strengthened, vision cleared, ambition inspired and success achieved."

*Helen Keller 1880-1968
American Author, Political Activist, Lecturer*

HAIL TO MICHIGAN

As a Physician Assistant seeking to make the most of your career, while also making the most difference for those you serve, there's only one place to be – here with us. With a range of opportunities as diverse as our patient population, the University of Michigan Health System offers Physician Assistants:

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- Strong, thoughtful benefits that acknowledge your contributions at work, and your priorities at home

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To learn more, and to apply online, visit www.umhscareers.org today.

EOE/AA



Adolescent Heart Screenings

Certain cardiac structural abnormalities may predispose adolescents to development of sudden cardiac death and athletic activity is often the triggering event. The causes of sudden cardiac death in young athletes are: hypertrophic cardiomyopathy and increased cardiac mass, coronary anomalies and other causes such as dilated cardiomyopathy or cardiac rhythm conduction abnormalities.

Detection and prevention of sudden death in young athletes is a good thing; however, there are ethical, legal, practical and cost limitations associated with any adolescent heart screening program. This article will describe our experience with the development and implementation of an adolescent heart screening program at Genesys Heart Institute.

According to the American Heart Association, there are no universally accepted standards for adolescent cardiac screening; yet, screening by H&P alone (without noninvasive testing) is not sufficient to guarantee detection of many critical cardiovascular abnormalities in these young patients. At the Genesys Heart Institute (GHI), we modeled our screening program from a previously developed protocol for adolescent heart screening of another institution¹.

Heart screenings are not covered by insurance companies and so this program was designed with a “no-cost” approach that utilized volunteers at every point. Volunteers from the GHI offered free heart screenings to young athletes between the ages of 12 and 19. This was the first year Genesys Regional Medical Center in Grand Blanc offered the screenings and over 350 students registered for this evaluation. We recognized that a key to the success of our heart screening day was controlling the flow of adolescents with appointment scheduling; as expected, there was an overwhelming response and the screening appointments were filled in less than 24-hours of announcement.

Our program had a check-in station with a parent-waiting area, a blood pressure station, 20 ECG stations and a check-

out station. The 20 ECG stations were curtained rooms to maintain privacy of the adolescent while obtaining the ECG, physical exam and echocardiogram. Prior to arrival, the adolescents and parents were requested to read the legal disclaimers, fill out the necessary consent forms and sports questionnaire designed to detect risk for sudden death. After they checked-in, the adolescents were sent for blood pressure and weight measurements and brought to a curtained room to receive the ECG; which was interpreted an electrophysiologist. Next, the adolescent questionnaires were reviewed and adolescents were auscultated with a stethoscope by a physician or cardiovascular physician assistant. Finally, all adolescents received a “quick-look” echocardiogram with a hand-held ultrasound device by a cardiologist trained in echocardiography.

All data were reviewed and adolescents were given a checkmark on their paperwork that stated either: (1) play sports without further evaluation; (2) play sports, but further evaluation is needed for: ____ ; or (3) **STOP**, do not play sports until you see your physician. When abnormalities were detected, the adolescents and the parents were joined together and the information was disclosed and questions were answered. The most common abnormality detected was adolescents that were overweight or had elevated blood pressure, but more importantly, **the GHI adolescent heart screening program detected six significant cardiovascular anomalies/abnormalities.** This screening does not replace a thorough pre-activity evaluation by the students’ family physician or medical provider.

The keys to success of this program were extensive design and preparation, the volunteer response by the healthcare team and community support. At the present time, we are expecting to offer these screening events at least twice per year.

Submitted in part by:

Thomas E. Vanhecke, M.D., who is a
Cardiologist and Medical Director of NonInvasive
Imaging at Genesys Heart Institute in Grand Blanc.
Tvanhecke@gmail.com

1. <http://www.beaumont.edu/press-release-beaumont-hospitals-offers-free-healthy-heart-check-screenings-april-may-2011>

MDCH Medicaid Enrollment of PAs

Proposed Policy Draft

Michigan Department of Community Health
Medical Services Administration

Distribution: All Providers
Issued: September 1, 2012 (Proposed)
Subject: Medicaid Enrollment of Physician Assistants and Nurse Practitioners
Effective: October 1, 2012 (Proposed)
Programs Affected: Medicaid

Purpose

This bulletin provides information describing the mandatory enrollment of licensed Physician Assistants (PAs) and Nurse Practitioners (NPs) who render, order, or bill for covered services to Medicaid beneficiaries. As of October 1, 2012, PAs and NPs will no longer bill for rendered services under their delegating/supervising physician's National Provider Identifier (NPI) and must be uniquely identified on all claims.

Provider Enrollment of Physician Assistants

PAs must enroll with an Individual (Type 1) NPI number as a Rendering/Servicing-Only provider. As a Rendering/Service-Only provider, services are strictly provided under the delegation and supervision of a physician licensed under part 170, part 175 or part 180 of Michigan Public Act 368 of 1978, as amended.

Upon enrollment, PAs are also required to affiliate themselves with the billing NPI of their respective delegating/supervising physicians. Individual PAs are not eligible for direct Medicaid reimbursement. Direct payment for services rendered by a PA will be issued to the PAs affiliated delegating/supervising physician, group or billing provider NPI.

Provider Enrollment of Nurse Practitioners

NPs who render services under the delegation and supervision of a physician are required to enroll with an Individual Provider (Type 1) NPI number as a Rendering/Servicing-Only provider. Under this type of enrollment, NPs are required to affiliate themselves with the billing NPI of their respective delegating/supervising physicians. Payment for NP services will be issued to the affiliated, delegating/supervising physician, group or billing provider NPI.

The enrollment requirements and procedures for NPs who render services pursuant to formal, written provisions of a current collaborative practice agreement with a physician are unchanged from current policy as outlined in the Michigan Department of Community Health (MDCH) Medicaid Provider Manual, Practitioner Chapter, Section 26.1. Direct payment for NP services may be made to these enrolled NP providers.

Additional Comments

Provider enrollment procedures and regulations are outlined in the MDCH Medicaid Provider Manual. Additional information regarding provider enrollment is available at www.michigan.gov/medicaidproviders or by contacting Provider Support at 1-800-292-2550. Proposed Policy Draft Page 2 of 2

PAs and NPs, as eligible providers, must comply with all licensing laws, certification requirements, and regulations applicable to the provider's practice in Michigan. Additionally, enrolled PA and NP providers are subject to all the limitations that apply to physician services and to all applicable provisions set forth in the MDCH Medicaid Provider Manual.

The Community Health Automated Medicaid Processing System (CHAMPS) claim editing will be applied to the billing, rendering, attending, and referring providers as applicable. Payment for PA and NP rendered services will be made according to current physician practitioner reimbursement methodology.

MAPA's Response Letter to MDCH

Proposed Policy of Medicaid Enrollment of PAs

Marie LaPres
Bureau of Medicaid Policy and Health System Innovation
Medicaid Service Administration
P.O. Box 30479
Lansing, MI 48909-7979



The Michigan Academy of Physician Assistants would like to provide comment on the recent announcement outlining the enrollment of physician assistants (PAs) as identified providers in the Michigan Medicaid system.

The Michigan Academy of Physician Assistants would like to ensure the Michigan Department of Community Health recognizes that PAs provide high quality, cost effective care with a team approach to providing that care. The MDCH's move toward enrollment of physician assistants in the Medicaid program will allow for better tracking of PAs who are providing access to quality healthcare to Michigan's citizens. MAPA fully supports this move as it will help clarify the significant role PAs play in a value based healthcare system.

MAPA, however, would be opposed to any enrollment proposals that would include a discount to PA reimbursement that is currently in place. In an already economically stressed healthcare system where Michigan practices providing care to Medicaid patients are barely able to stay financially viable, any potential discounts in Medicaid reimbursement would be disastrous. Many practices have now decided not to accept Medicaid patients because of the low reimbursement rate.

As the MDCH is aware, there are already significant shortages in patient access to quality primary care and particularly to Medicaid patients. Obviously, further discounts in reimbursement for care provided to Medicaid patients would negatively affect practices' ability to employ PAs and resulting in diminished access to medical care to the neediest population we care for.

We would encourage further dialogue necessary to clarify the issue at hand and work together to ensure that Michigan PAs continue to provide high quality, cost effective and team-based care to Michigan's citizens.

Sincerely,

Ron X. Stavale, PA-C
President, Michigan Academy of Physician Assistants
1390 Eisenhower Place
Ann Arbor, Michigan 48108
rxvalle@yahoo.com
1-877-937-6262

WHO AM I?

I am brought on by stress, infection or trauma

Symptoms include chest pain, confusion, diarrhea, and tachycardia

Fevers of 1040F and higher are common

Death can ensue if my inciting hormone is not reduced

(answer in next 'MichiganPA')

(previous Q₃ answer: Takotsubo Cardiomyopathy)



QUARTERLY
QUIZ
QUESTION

RON L. NELSON

AWARD OF ACHIEVEMENT



The Ron L. Nelson Award of Achievement is a prestigious award presented by the Michigan Academy of Physician Assistants. The Award:

- Will be presented in recognition of an individual that demonstrates exemplary service to the PA profession, the community and furthers the image of physician assistants
- Honors an individual that has had a broad and significant impact on the PA profession in Michigan
- Requires a nominee to be a Physician Assistant
- The award will not necessarily be issued annually, but as recipients are identified
- Nominee does not need to be a MAPA member

PROCESS

The Ron L. Nelson Award of Achievement Work Group administers the Ron L Nelson Award of Achievement. Any Fellow, Affiliate, Honorary or Student Member may submit a nomination to the Work Group. Nomination materials will include the following:

- A written rationale detailing why the nominee is deserving of the Award
- One sentence summarizing the nominee's overall accomplishments or achievements
- A completed nomination form

The Award will be presented at the Member's Banquet at the Annual Fall CME Conference and the recipient will have the opportunity to make acceptance remarks.

CRITERIA

The Ron L. Nelson Award of Achievement Work Group will consider the following criteria when reviewing applications:

- Is the nominee well recognized by members of the PA profession and others?
- Has the nominee demonstrated a commitment to furthering the PA profession in Michigan?
- How has the nominee advocated for the PA profession?
- How has the nominee served or improved service to patients and the community?

SUBMISSION

- Please complete the nomination form online at www.michiganpa.org/ronnelsonaward. The deadline for submissions is October 1.
- You can also scan letters of recommendation, newspaper clippings, magazine articles and other relevant support and mail them to mapa@michiganpa.org. Please place ATTN RON NELSON WORK GROUP in the subject line.
- If you have any questions please do not hesitate to contact MAPA's Academy Administrator at mapa@michiganpa.org.



'The Last Word...'

As I sat watching the Olympics, here and there were stories of Olympians, the struggles they went through and the sacrifice they and their families have made. What makes the games so inspiring is that a single person from an unknown or small country can achieve notoriety and greatness without the burden to succeed looming over them. It is this innocence of winning that adds excitement and purity to the games. These games are not without some form of controversy, but from a spectators' viewpoint, they seem to be void of discrimination. Years ago, this was not the case. Athletes were discriminated based on their race, age, religion, sex and ethnicity. Imagine the courage it took for the first women to compete in the 1900 games or Jesse Owens to compete as a black athlete in the 1936 Olympics in Hitler's Germany. We also witnessed the perseverance of Oscar Pistorius, a double leg amputee, to compete on the world's stage and represent his country and disability, without discrimination.

Discrimination has been prevalent for millenniums and traces of it are still found today; it maybe more than a trace- depending on hard you look. When I look at the physician assistant profession, it is very hard to find evidence of discrimination. The profession is dominated by females (67%), has all races and religions, sexual orientation; even age does not factor into the PA profession. In other professional careers, sex and age can be large determinants of employment. PAs are trained in all aspects of medicine and are bred to be flexible and deliver the highest quality health care; always keeping focus on the patient. Having such a dominant workforce of females is far ahead of the norm. As workers age, they have to be cognizant to the fact that age discrimination is a real threat to their continued employment. This is another facet where the PA profession differs from most. Because of the fact that we are initially trained in all aspects of medicine and that we are required to recertify every 6 to now 10 years, we are kept up to date with medicine. This cyclical recertification removes age discrimination from the equation of employment, plus, all the knowledge/experience that is had by years of practice makes a veteran PA very valuable.

We and our families have made sacrifices so that we could become PAs and practice at the best of our ability. A single PA can have such a positive influence on patient care without the burden of discrimination looming over them.

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

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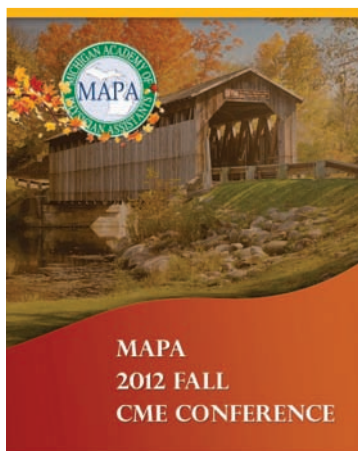
Western
Michigan
University
PA Program is



celebrating their 40th Anniversary
this year. Stop in during the
University Receptions at the
MAPA Fall CME Conference and
congratulate them.



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



Have you registered
yet for our Fall CME
Conference? Visit
www.michiganpa.org
today!

PLANNER

CORE 2012 AAPA's Leadership Forum

DATE: **September 27-29, 2012**
SITE: Alexandria, VA
FEE: On-line registration coming soon
INFO: www.aapa.org

MAPA's 2012 Fall CME Conference

DATE: **October 11-14, 2012**
SITE: Soaring Eagle Conference Center
Mt. Pleasant, MI
FEE: On-line registration coming soon
INFO: www.michiganpa.org or call
1-877-YES-MAPA

EVENTS / SEMINARS / CLASSES / CONFERENCES

MAPA's Spring CME Conference

DATE: **Friday, March 22, 2013**
SITE: VisTaTech Center, Livonia, MI

MAPA's Legislative Day

DATE: **Wednesday, May 22, 2013**
SITE: Lansing, Radisson

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)

