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PA Specialty Certification

Most often there is a tendency to approach controversial topics with a bit of trepidation, however since I'm already swimming in the pool as they say, I might as well comment on the environment.

I have been a PA for 30 years, 11 of them in Rheumatology, 2 in Urology, the rest in Family Practice. I currently serve as the member-at-large in an AAPA constituent organization called the Society of PA's in Rheumatology (SPAR). I had the privilege of representing this group of honorable people in a recently convened assembly of like-minded souls, at the request of the NCCPA, the certifying agency for PAs across the country. The topic of conversation was specialty certification. The meeting took place in Atlanta, June 2006 on an extremely hot and rather humid day, when you find most of your thoughts wandering off to a nearby source of relief and comfort. Nonetheless, there we were, representatives from about 30 PA organizations, just like ours, some bigger, some more established and wiser, some just getting started. The atmosphere of the meeting was comfortable and cordial. I found myself thinking that this was a somewhat historical event in PA history. I can't quite recall so many specialty disciplines represented at the same time for the purpose of discussing an issue of national importance. I also was struck by how many other PAs there were who had at least as much experience as I. At the very least, it made for me a very humbling discourse and exchange of ideas and comments. One by one, we were asked to make a five-minute presentation on our specialty's perspective regarding PA specialty certification. Some presentations were quite elaborate, aided by PowerPoint and speaker eloquence. Most however, like mine, were just straight from the cuff as they say.



Antonio Giannelli, MsA, PA-C

A seemingly endless stream of orators were paraded in front of us to comment on issues revolving around the need to recognize, by some formalized means, PAs choosing to work in a growing number of specialty areas. I remember thinking at the time whether my reflections and comments from our fledgling organization will even be heard, let alone sway the course of the discussion. Nevertheless, when the appointed time came, I rose to present our organization's views regarding the topic. The following comments represent SPAR's position and this author's perspective on the topic as a whole. It felt like a passerby peering through an open

Continued on Page 2

window and seeing the congressional delegates debating the issues of American politics in Philadelphia, shouting in comments hoping someone will take some notice. After all, Rheumatology is not as glamorous as, let's say, cardiothoracic surgery.

The gist of my presentation was that PAs practicing in the specialty of Rheumatology were not currently or anticipate being under any unusual duress by any regulatory agencies to meet some sort of specialty certification requirement. PAs in Rheumatology are a rare breed, with less than 120 of us in the country claiming this as our specialty. Moreover, SPAR aligns itself with the AAPA position set out in 2002 opposing "specialty certification and the use of specialty exams that would reduce the profession's versatility and flexibility and drastically alter its value to society". Translation: specialty certification can become a barrier to all Family Practice physician assistants who want to enter a specialty field.

Several other specialty groups, such as the cardiovascular PA's, had a very different position. They stating that many were under marked pressure by state regulatory agencies and hospitals to prove their competence in their highly technical field, and had no place to turn for such recognition. Other groups made similar remarks, and stated their frustration in trying to demonstrate "competence" in the sight of the general public. However, as the issues were disclosed, it became clear that there was no single simple solution to the dilemma. The primary problem is that many specialties are subdivided into subspecialties. For example surgery can be cardiovascular, ENT, neuro, etc, and within these they are subdivided even more. How do you create a competency exam reflective of each area, demonstrating what is being required? Furthermore, how often do you demonstrate competency, and do you need to pass some certification process prior to starting your job? Moreover, what about those who have already done the job for the past 30 plus years? There were clearly more questions than answers. To further complicate things, some PA groups pointed to nurse practitioners, stating that there were many courses out there in various disciplines, which gave a document upon completion, but had no standard to judge the value of the course taken. And that these documents of course completion were often being accepted by the public at large, and regulatory agencies, as beening credible. Some within our forum even brought up the old discourse between Pas and NPs regarding dependent versus independent practice. However, amongst all of this banter, there was some light at the end of the tunnel.

Many of the PA organizations agreed that some sort of specialty "recognition" option could satisfy many of the requirements, and merited further discussion. From this author's perspective, here is one scenario that could come forth. If you are a PA moving into a specialty area,

you can announce your intention to some recognized body, the NCCPA for example, and begin registering your areas of evolving competence, validated by your supervising physician. This would then be "on file" and available, by request, for any outside government, insurance, or employer organization to view. Some time frame for completion, perhaps two years, would then make you qualified to say that you have mastered certain didactic and technical elements of that specialty, to the satisfaction of your supervising physician, or whoever the mentor was determined to be. This idea floated well among the elite PAs present, but did not satisfy everyone. So the debate continues.

The latest information from the NCCPA, reported in the January 2007 edition of the AAPA News, stated that the NCCPA has approved "points of consensus" and principles for developing specialty recognition for PA's. The NCCPA said it would focus on two themes: The need for additional educational activities for PA's in various specialty areas, and how to continue to collect ideas from affected organizations on the different aspects of specialty recognition. The AAPA executive committee has not yet issued a position on this, pending a more thorough review.

So there you have it. It appears that this topic will remain in the spotlight for some time to come, and may further define, in this author's opinion, the difference between PA and NP specialty practices, and how they will be viewed by the general public.

So now, it's your turn to ponder the issue, because unless you plan to stay in Family Practice your whole career, you will probably face some requirements, yet to be determined, in order to practice in a specialty environment.

I say, let the debates proceed!

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Grand Valley's PA Program Continues A Strong Tradition

By Wallace Boeve, EdD, PA-C

Grand Valley State University Physician Assistant Studies program is continuing to better the Grand Rapids community by reaching out in numerous ways. In addition to a full summer class schedule, the students at GVSU are making plans to be involved in many community service projects, such as blood drives to help the Community Blood center of Michigan, volunteering weekly at a mobile food pantry, assisting with the Special Olympics, spending time with inner-city children at the Baxter mentoring program, and are beginning plans for a class outing to assist the Habitat for Humanity program in West Michigan.

Wallace Boeve PA-C, the program's director, complemented the students, "Recent classes of PA students at GVSU have demonstrated maturity beyond their years, as well as a strong commitment to making a difference in so many lives at the bedside and beyond."

Being involved in the community is part of the program's mission by being service oriented. The GVSU PAS students are great examples to others. GVSU Physician Assistant students will continue to provide service to the community both by becoming medical advocates and activists for the great Physician Assistant profession.

MAPA PA Specialty Survey Results

The Michigan Academy tested a new survey mechanism this past month. We are pleasantly surprised that our survey had 248 participants over the course of 2 weeks. It was sent to all members by email blast. Two reminders were sent via email while the survey posted on the website. The survey was 5 questions long and took an average of about 3 minutes to complete. The survey concluded that: 81 % of the respondents new of the research done by NCCPA and ARC-PA on specialized recognition and post-graduate residency programs.

Of 247 respondents, 23% were in favor of voluntary PA specialty recognition and 46% against. 14% were neutral and 18% were unsure.

The most common reason for not wanting the specialty was mostly because of the lack of flexibility it would instill.

The representative group did however support a voluntary accreditation for post-graduate residency programs by 40%. 25% did not support, 22% were neutral and 14% unsure. The most common reason for wanting post-graduate residency programs was because of the external validation to their education.

There were many more statistics obtained from this tool and we will evaluate this information and incorporate it into how we represent you at the AAPA Annual Conference. We thank those of you that completed this survey. MAPA hopes to utilize this tool in the future, and we look forward to hearing from you all again soon! If you have any suggestions, please let us know at mapa@michiganpa.org

MDCH Seeking 'Influenza Sentinels' to Help Monitor Flu Activity

The Michigan Department of Community Health is seeking physicians to volunteer as "influenza sentinels," who would help monitor influenza activity in the outpatient population. Sentinels would report patient visits due to influenza-like illness and total office visits to the US Centers for Disease Control & Prevention weekly and collect clinical specimens from a sample of patients for respiratory virus culture conducted free of charge at the Michigan Department of Community Health (MDCH) laboratory. These data are used to understand when and where influenza activity is occurring, to track influenza-related illness, to determine what types of influenza viruses are circulating, and to detect changes in influenza viruses.

These surveillance activities are particularly important now as part of pandemic influenza preparedness. Human cases of highly pathogenic avian influenza A/(H5N1) continue to occur overseas, and have resulted in a cumulative total of 291 cases to date with a case fatality rate of 59%. Fortunately, person-to-person transmission of H5N1 has been rare and unsustained so far. The epizootic of highly pathogenic avian influenza A/(H5N1) is not expected to diminish in the near future, and continuing human infections with this virus pose an enormous public health threat.

Participation in the sentinel program requires less than 30 minutes per week. For more information or to enroll, contact Rachel Potter, DVM, MS, at the MDCH Bureau of Epidemiology at potterr1@michigan.gov.

For additional information about influenza and vaccines, visit www.msms.org/immunization or contact Rebecca Blake at 517-336-5729 or rblake@msms.org.

MI PA Foundation Accepting Donations

Michigan Physician Assistant Foundation will be hosting its Fourth Annual Silent Auction on Saturday, October 13, 2007 at the annual MAPA conference in Traverse City.

To support and donate items, please contact Vaughn Begick, PA-C, MI PA Foundation President via email vaughnPAC@aol.com or 989-686-0587

All Proceeds from the auction will fund scholarships for prospective PA students who may not otherwise be able to continue their education.



Do You Know A Michigan PA Serving In The Military?

MAPA is seeking information from its members regarding Michigan Physician Assistants who have been called up for active military duty.

There are several PAs who have been identified by members as being called away from their civilian positions to either be stationed overseas or stateside. Whether they are serving in Iraq or another location they have sacrificed much time away from family and also have a potential loss of their positions as physician assistants due to their sacrifice. It is MAPA's desire that we recognize these PAs for their sacrifice.

Please contact the MAPA office @ 1-877-937-6272 (1-877-YES MAPA) if you know of any PAs who are currently serving or have recently served or been called up for active duty. Please include some information about their situation since we would like to feature some information about them in our newsletter.

Thank You
Ron X. Stavale PA-C

Another Successful Year

Andrew Booth, PA-C

As I write this last article as President, I think of all the accomplishments that MAPA has had over the course of the last year. Legislatively, MAPA has had another productive year, passing legislation, and supporting others. We have had a banner year for conferences including the Fall CME Conference and the Spring Symposium on Professional Practice issues. We have renewed our relationships with MSMS, MOA and other key professional organizations. Communication is improving with an updated website and mechanisms for member input. Organizationally, we have improved our internal operations and business of the Academy. Overall, the state of the Michigan Academy of Physician Assistants is excellent.

These accomplishments and past success' is something that we all need to keep in perspective and learn from. The focus now, needs to be on the future of this Academy.

The future of the Michigan Academy, I believe, lies with its leaders. MAPA is fortunate to have strong, up and coming leaders, including the incoming Executive Committee and Board of Directors. Under the direction of Jim Kilmark, this Academy will continue to grow and he will lead this organization well.

I encourage the Board to work at continuing pursuing new leadership. It is vital to the continued development and growth of this organization. Leadership can come from many avenues. Students are the future leaders of this profession and it is imperative that we continue to nurture the growth of these leaders through our PA Programs. It is as important to include past leaders, those with experience, and those that are newly practicing PA's. Everyone can contribute; the key is to find that ability and that talent in each potential leader.

I encourage all the members of this organization to consider giving back to your professional organization. It is very rewarding and fulfilling helping your fellow PAs.

Lastly, I would like to propose that the Michigan Academy of PAs does whatever it takes to be the one and only, the primary, the complete, and the all inclusive resource for Michigan Physician Assistants. This Academy should be the first and only place that a PA, their employer, or even their supervising physician can look to find answers to any Physician Assistant issue they have. This includes the website which is potentially the primary portal that PA's will use to gather information. Information including questions about the law, scope of practice, licensure, legislation, CME, events, jobs, programs, and even links to other PA sites. The Michigan Academy is currently working on upgrading our current website to be a better resource for these questions. We need to effectively promote this to our members and non-members so they know of all these resources available to them.

Thank you for the privilege to serve, and I look forward to the upcoming year!

MAPA Region 1 (entire U.P.) met in Marquette at the Landmark Inn for a spring meeting on May 11th. MAPA members enjoyed an excellent presentation on Type II Diabetes and weight management by M. Ammar Hatahet, MD of Taylor, MI. Local and state issues, prescriptive authority, Medicaid reimbursement and legislative updates were discussed after a networking session and dinner sponsored by Takeda and GlaxoSmithKline pharmaceuticals. It was great to get U.P. PAs together!



Back row: Dr. Hatahet, Brady Peterson, PA-C, Clare DePue, PA-C, Larry Buege, PA-retired, Kay Swanson, PA-C, Bonnie Kilpela, PA-C, Bob Rutkowski, PA-C, Neil Crothers and Julie Heinonen, Pharmaceutical reps.
Front Row: Jason Vayre, PA-S, Jan Ryan-Berg, PA-C/Region 1 Rep, Teresa DiDomenico, PA-C

Early Bird Special extended until July 13th, 2007

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Congratulations to the winners of the recent MAPA elections!

John McGinnity, PA-C is our new President-elect during President Jim Kilmark tenure this year. John will be heading the CME committee as MAPA looks for new CME leadership. Are you interested in becoming involved? – jmcginnity@wayne.edu

Sue York, PA-C is the new Secretary. She brings a wealth of experience from her current organization involvement as Region VI director. Please greet her at warnimsk@udmercy.edu

Jan Ryan-Berg, PA-C was re-elected to Region I directorship. Keep up the good work Jan! Her recent membership meeting brought out new members as well as providing existing members a chance to socialize (see picture on p. 8)

Mike Davis, PA-C was re-elected to continue duties as Region III director. With the experience and connections that Mike has, we plan to have a successful year.

Donna Hines, PA-C will be taking on Region V directorship. Her recent experience as MAPAs secretary will be a great benefit to members of MAPA.

Please take a moment to get to know these involved PA-C's; don't hesitate to approach them with problems in your area or with an idea that may help. Are you unsure which Region you are living/working in?; Need to know whom to contact?; need to join MAPA? – please refer to the www.MichiganPA.org site.



John McGinnity, PA-C



Sue York, PA-C



Jan Ryan-Berg, PA-C



Mike Davis, PA-C

AAPA House of Delegates Meeting in Philadelphia

The Michigan delegates were out in force at the House Of Delegates Meeting held in Philadelphia during the AAPA conference.

Sincere Thanks to all those attending and voting – Donna Hines (Chief Delegate), Jim Kilmark, Wally Boeve, Vaughn Begick, Linda Schute, Joan Westbrook, Andy Booth, John McGinnity, Dan Ladd, Folusho Ogunfiditimi, & Bill Fenn. Thank you to Mike DeGrow, MAPA Executive Director/Lobbyist, for sitting in and being involved.

93% of your MAPA Dues are tax deductible
The other 7% goes towards lobbying



Spouse/Guest Wine Tour – Back by High Demand.

MAPA is offering a Wine tour Friday, October 12 from 1–5pm. You can print off the registration form online www.michiganpa.org

or call the MAPA office to register over the phone. Space is limited so register early.

The hotel has daycare services available onsite if you need. Please call the hotel if you are interested. 231–534–6780

Annual Legislative Day Held on May 2, 2007

Annual Legislative Day was held on May 2, 2007 in Lansing featuring CME topics that included:

- Reimbursement Issues
- MAPA's Legislative Agenda
- Health Policy
- Frequently Asked Questions
- The Impact of Lobbying and the Political Action Committee

Also featured guest speaker State Representative Kathy Angerer, Chair of House Health Policy Committee and other key legislators who serve on the House and Senate Health Policy Committees.



New this year, Legislative Day offered CME credits and a hands-on mock committee meeting. The "committee" consisted of attendees who participated as committee members and thoughtfully considered testimony for a final vote on the issue.

New Website has been Launched
www.michiganpa.org



Please email me your comments or suggestions to mapa@michiganpa.org

Academy Financial Glimpse

By Wallace Boeve, EdD, PA-C
MAPA Treasurer 2006-2007

In these days of financial and economic difficulties in the state of Michigan, the Michigan Academy has had excellent support from our Michigan PAs. Whether it is helping to enlist your fellow PAs to become members of this great organization, or encouraging fellow PAs to attend the annual CME activities offered by MAPA, the academy is in great shape financially. The money that is generated from dues and the CME activities has been wisely used over the past few years by great leaders within MAPA. This wise stewardship has left the academy with surplus funds which have been used for special projects and rainy day funds. These special funds are needed to assist in maintaining a constant presence in Lansing as the state of health care is constantly being scrutinized. The small price members pay is more than returned in the compensation PAs enjoy by knowing that their day-to-day practices can continue. MAPA is the "watchdog" for PAs in Michigan. So when you go to sleep tonight, know that as a Michigan PA, your small contribution financially to MAPA is a huge investment that is used wisely to enhance and maintain a quality future for your PA career.

"A Look Forward"



*James A. Kilmark, PA-C
MAPA President Elect*

As I prepare for my upcoming year as President, I am excited for the opportunity to serve my fellow PA constituents! In recent years we have seen our organization improve service to its members in many areas. Our newsletter has improved in form and continues to provide quality content. The Spring Professional CME and Fall Clinical CME allow PA's many opportunities to reinforce and even improve the care and service they provide. MAPA also continues to monitor and lead efforts to maintain our ability to practice in Michigan. In my recent interactions with leaders of both the Michigan Osteopathic Society and Michigan State Medical Society we have been lauded for our ability to assist physicians and in many ways lead efforts to preserve and even improve patient care here in our state.

As I look at the past I have started to bring in to focus where MAPA will focus in the coming year. Of course we will continue to improve communication to our members but we will also need to provide physicians, patients and legislators more information about the high quality cost effective care that we provide in this ever evolving team approach to practicing medicine. MAPA will achieve this by several different efforts. For example we will be providing a presentation at the MSMS fall Scientific meeting to better educate physicians on how they can improve their practice by hiring a PA, called "the Physician / PA Team approach to care". We plan to hone this presentation in to an annually scheduled presentation for both MSMS and MOA as well as others that may be interested.

MAPA will also be looking at opportunities to develop Public Service announcements in both video and audio format to better educate the citizens and legislators of Michigan about PA's and their team approach to providing care.

In addition to educating these groups about what it is we do I hope that regionally we will improve opportunities for local PA's to meet, network and even provide community service and community volunteer opportunities in their own local area. If PA's gathered locally and provide their communities a few hours of their time, it will both foster better exposure for the profession as well as enriching the individuals who volunteer. One opportunity that has been well publicized through the AAPA is the "National PA Health Literacy Project". This project centered around PA week, which occurs in the fall, encourages PA's to volunteer their time reading and promoting health related literacy to elementary aged children. If you have volunteered in such a capacity in the recent past or plan to in the future please let us know about it. MAPA through its regions will look to provide other group related opportunities to volunteer in the coming year.

An area that has been identified as needing significant improvement in the coming year is fund raising for the MAPA PAC. Our political action committee fund is woefully under funded. As highlighted by Ron Stavale our PAC chair we need your help in contributing to the PAC! This fund helps us navigate through the political process when it comes to affecting change in the political process. If you have not donated to the PAC in the past I would encourage you to do so. If you are a former contributor please feel free to continue donating!

These are just a few of the highlights of where MAPA as an organization will be headed. Come along for the ride. We can only continue to improve our visibility as a profession.....as a volunteer organization....we look to YOU its members to step up in whatever way you can. Please contact me or any of the talented and dedicated board or committee members about how to get involved in the exciting opportunities for the coming year. Whether it is coordinating a community volunteer effort or joining as a member of a committee, we want YOU! Looking forward we can help improve our state and communities in a variety of ways!

Respectfully yours,

James A. Kilmark, PA-C
Michigan Academy of Physician Assistants – President Elect

Meet Your Board 2007-2008

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Jim Kilmark, PA-C
Email: jkilmark@yahoo.com

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Email: jmcginnity@wayne.edu

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Email: Andy Booth, PA-C
Email: andrewdbooth@hotmail.com

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Suzanne York, PA-C
Email: warnimsk@udmercy.edu

Treasurer**

Wallace Boeve, EdD, PA-C
Email: boeview@gvsu.edu

Region 1 Representative*

Email: ryanberg@hotmail.com

Region 2 Representative*

Clyde Yencer, PA-C
Email: clydepac1@net-port.com

Region 3 Representative*

Mike Davis, PA-C
Email: davis6ma@cmich.edu

Region 4 Representative*

Jessica Wilson, PA-C
Email: jessica.wilson@mac.com

Region 5 Representative*

Donna Hines, PA-C
Email: nadda200@aol.com

Region 6 Representative*

Suzanne York, PA-C
Email: warnimsk@udmercy.edu

Other Board and Committees

Executive Director

Mike DeGrow
327 Seymour Ave.
Lansing, MI 48933-1114
W: 517/485-8000
F: 517/482-8866
Email: lobbyguy@mikedegrow.com

Academy Administrator

Cindy Wikstrom
120 W. Saginaw St.
E. Lansing, MI 48823
W: 517/336-7599
F: 517/336-5797
Email: mapa@michiganpa.org

Student Advisor

Heather Burgerss, PA-C
11887 W. Andre Drive
Grand Ledge, MI 48837
W: 517/214-1277
H: 517/627-6403
Email: hurricaneheather@hotmail.com

CME Chair

John McGinnity, PA-C
WSU PA Studies
259 Mack Ave Ste 2590
Detroit, MI 48201
W: 313/577-3707
H: 313/417-9236
F: 313/577-5467
Email: jmcginnity@wayne.edu

Reimbursement Chair

Dan Ladd, PA-C
4397 Stoneridge Dr
Traverse City, MI 49684
W: 231/935-5800
H: 231/947-3303
Email: dladdpa@charter.net

LGA Chair

Phil Schafer, PA-C
3486 Southview Dr.
Johannesburg, MI 49751
W: 989/348-0313
H: 989/732-5379
Email: phil@michiganpa.org

Membership Chair

Folusho Ogunfiditimi, PA-C
3334 Goat Fell
Ann Arbor, MI 48108
W: 313/916-4270
H: 734/477-8021
F: 313/916-2086
Email: fogunfil@hfhs.org

Diversity Chair

Folusho Ogunfiditimi, PA-C
3334 Goat Fell
Ann Arbor, MI 48108
W: 313/916-4270
H: 734/477-8021
F: 313/916-2086
Email: fogunfil@hfhs.org

PAMPAC Chair

Ron Stavale, PA-C
45 Ridge Rd.
Pleasant Ridge, MI 48069
W: 313/440-4479
H: 248/545-8457
Email: rxstava@comcast.net

PA Foundation

Vaughn Begick, PA-C, President
248 E. Saginaw St. #129
E. Lansing, MI 48823
(Foundation address)
5353 Lorraine Ct
Bay City, MI 48706
C: 989/295-0209
H: 989/686-0578
Email: vaughnpac@aol.com



- Chiropractor
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- Nursing Home Administrator
- Occupational Therapist and Occupational Therapy Assistant
- Optometrist
- Osteopathic Physician & Surgeon (DO)
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- Professional Counselor
- Registered Nurse, Licensed Practical Nurse
- Pharmacist
- Physical Therapist
- Psychologist
- Respiratory Therapist
- Sanitarian
- Social Worker, Social Worker Technician
- Veterinarian and Veterinary Technician

WHAT IS THE HPRP?

The Michigan Health Professional Recovery Program (HPRP) was established by legislation in 1993. This program is designed to encourage health professionals to seek treatment for substance use and/or mental health disorders before their impairment harms a patient or damages their careers through disciplinary action.

The program is operated by a private sector contractor to maintain participant confidentiality.

The contractor operates under the authority of the Health Professional Recovery Committee (HPRC).

The Michigan Department of Community Health - Bureau of Health Professions provides administrative services to the HPRC as well as funding for the contract.

ELIGIBLE PROFESSIONS ...

The following licensed or registered health care professionals are eligible to participate in the confidential HPRP:

- Audiologist
- Allopathic Physician (MD)

HOW THE PROGRAM WORKS

REFERRAL – Referrals to the HPRP may come in the form of a self-referral from the individual licensee or from colleagues, partners, hospital administrations, patients, family members, or the State. Any of the 19 health licensing boards may also refer licensees/registrants to the HPRP for similar monitoring as part of a board order.

EVALUATION – After the initial intake with HPRP, the licensee is referred to a qualified evaluator. The purpose of this evaluation is to determine eligibility for the program, the nature of the problem and to help the HPRP contractor to design a recovery plan.

TREATMENT - If the evaluation indicates substance use and/or mental health disorders that represent a possible impairment, the HPRP makes referrals for treatment services to an approved provider.

MONITORING - The HPRP will work with the licensee to develop a written monitoring agreement that defines the requirements of

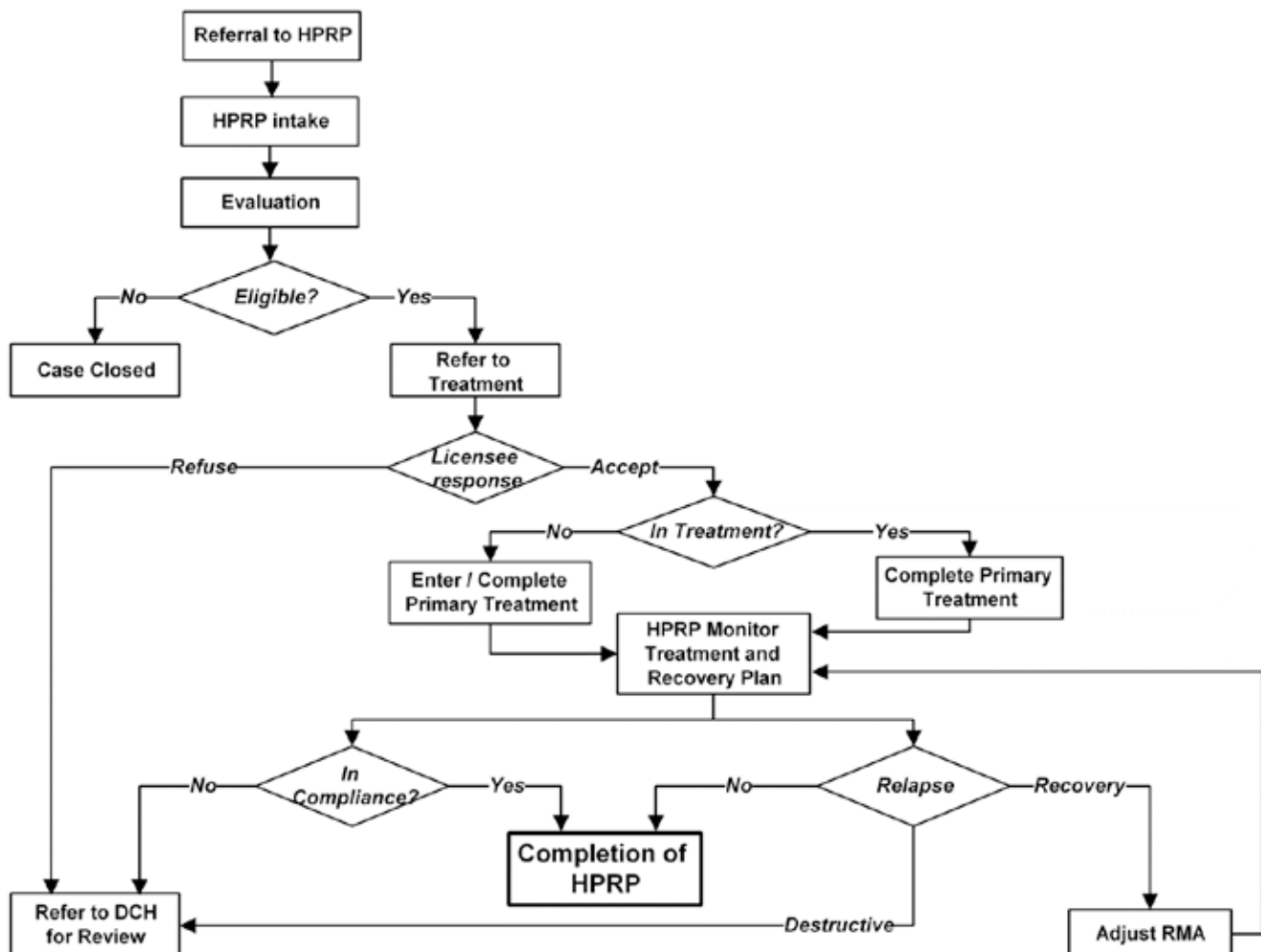
participation and will typically last one to three years. The monitoring agreement may include elements such as: treatment, limitations on practice, random drug screens, group/individual therapy; medical oversight, and monthly or quarterly reports. During the monitoring period, the HPRP will communicate with the licensee and their provider team in order to support the licensee's continued work in their professional setting.

COMPLETION - An HPRP participant will be released from the HPRP upon successful completion of the recovery monitoring agreement. All records are destroyed five years after the date of successful completion of the program. However, once a health professional is accepted into the program, he or she may be terminated for failure to comply with the agreement. These

terminations are reported to the Bureau of Health Professions as required by law and could result in subsequent disciplinary actions.

Costs of Participation - The total cost of participation may vary depending upon an individual's diagnosis, severity of condition, insurance coverage, length of time in the HPRP, and compliance with HPRP requirements. An HPRP participant is responsible for the costs of evaluation, treatment, drug testing, and other services.

For detailed information about the HPRP and how it works, go to www.hprp.org



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Otherwise, please **mark your calendar to attend** and watch your mail for further details.

See you October 11-14, 2007!

The MAPA CME Planning Committee
and MAPA Board of Directors

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