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## A Look Ahead

As I was preparing to write my article for this newsletter I realized how quickly time flies. It was almost 9 years ago I embarked on my training as a Physician Assistant and just a hair under 7 years that I have been practicing in a profession that is extraordinarily rewarding and never dull. My involvement in MAPA has actually been longer than I have been in practice as a certified PA as I attended board meetings and participated in the CME committee as a student.

My reflections of what issues our Academy dealt with then compared to now are similar in many ways but in others have evolved.



James Kilmark, PA-C

In the late 90's MAPA, with the help of MAPA's then new lobbyist and executive director, Michael DeGrow was embarking on making legislative changes that would dramatically improve our practice. The pinnacle of which would have been the ability for PA's to prescribe controlled substances. There have been many people involved in helping out on the various legislative issues that MAPA has successfully changed over the years. In the years that I have been involved, through the hard work of others, MAPA has been able to successfully complete the list of legislative changes it set out to do and even go further in successfully obtaining the ability to be reimbursed for TSA under Blue Cross Blue Shield. The idea being that there are a prominent few that have worked hard for the benefit of our profession.

The last of the issues that were part of the list I mentioned above were accomplished over the last 2-3 years. This leads us as an organization to a point where we will transition from a time where we were battling to improve our ability to practice (let me be clear that there will always be

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# Notes from a Soldier in Iraq

*This is the second article from Michigan PA-C Brian McKeon Who worked @Sinai-Grace Hospital in Detroit. The article is an edited compilation of Brian's emails to Ron Stavale PA-C.*

*The first article was in our 1st Qtr 2007 newsletter*

I am still working at what they call a level 2 facilities, which has lab, X-ray, EKG and GYN exam capabilities. We do regular sick call 7 days a week. We've had as low as 2 providers but now we are up to a staff of 4 (which is paradise) and rotate 24-hour call each day. Sometimes we can do call via a secure radio, so you can actually go to you're hooch and sleep if possible.

Between uniformed personnel, contractors and local nationals just in this FOB (forward operating base) we care for about 12 thousand people. We process all soldiers leaving theater with what they call PDHA (Post Deployment Health Assessments) in the afternoons. Its basically screening which can lead to a referral for any problems that may have arose while in theater i.e. Neuro, Ortho, and Derm, Psych/Combat stress, Dental problems. We also do screenings for exposures to environmental, combat/mission and occupational exposures.

We've had real MASCAL (Mass Casualty) situations, which typically arise from a rocket or mortar attack/hit. We stabilize and treat pts here; we have pt. holding and also pt. isolation. I've admitted only one in isolation since we've been and it was for chicken pox. Others needing priority (within 2 Hrs) Urgent or Urgent Surgical (within 4 Hrs) evacuation are typically flown from our 'Helo' pad to the 28th CSH (Combat Support Hospital), which is less than 5-6 minutes away. They are a Level 3 facility and have O.R. capabilities/ Surgeons. This is the unit you may have seen on MSN's "Baghdad E.R." Soldiers needing evacuation out of theater (which are stable or fresh post-op) are flown to another theater collecting point, along with pt's from other CSH's and they are then flown via fixed wing on large transport planes to Germany.

From original injury thru the system, including O.R. these pt's can be in Germany within 24 Hr's, and to the States W/I about 48 if need be. We've treated soldiers from mortar/rocket blasts, MVA's, single and multiple GSW wounds. I've removed shrapnel from several pt's and managed thru and thru GSW's and kept them all in theater. We've seen several MI's, as a lot of contractors are middle-upper age and although they are "supposed" to be medically screened, many have multiple medical problems, as there is a need sometimes just to put warm bodies in theatre in order to fill the contract.

We see individuals from Uganda, Africa with Malaria. We've seen Q-fever, and several Leishmaniasis infections. Community acquired MRSA runs rampant as Iraqi's were allowed to buy OTC antibiotics and apparently ate them like M&M's. Health care is hard to come by, and worse now since the insurgents shot 6 local docs one night last Jan, and the next day the rest left the country. Even before that though if "their" hospital was getting over run with high census and the physician was called, they would never commit to coming-in but would say, "in sha'a Allah" (sp?) which literally means "God willing" but practically translates as "don't hold you breath."

As far as "what's goin on" over here, our interpreter, whose family lives in the Sunni area of Baghdad says they haven't seen much of a change there and its still extremely dangerous. Things moved very fast after the conviction of Saddam Hussein last winter. I half expected them to drag his appeal process out to the 28th of April, which would have been his 70th birthday. By Iraqi law he could not have received the death penalty, and by default would have been saved by a life sentence. They executed him quite quickly on a cold early Saturday morning, just before the start of the four-day Eid al-Adha Holiday, and during the Hajj pilgrimage. The big spike in violence afterward never really materialized. There were some mortars and rockets, but nothing to speak of.

Sectarian violence was probably at its height back then. They were finding 100 plus dead bodies every morning. Binding the arms and legs of victims, including elderly men behind their back. The stories of brutality against one another while incarcerated are frightening. There are clan against clan killings, but the most violent are the Al Qaida. The Sunni and Shiite will watch TV and enjoy listening to music, but Al Qaida will only read the Koran and listen to the radio just to hear how many Americans have been killed. They consider it a win to kill one American and lose 20 of them. Al Qaida is quite vicious when torturing and mutilating Iraqi's. I can't really discuss details but to give you an idea, even though it is against Muslim laws, young Iraqis' were tattooing their addresses and phone numbers to the inside of their thighs so that their bodies, if found, could be returned to their families.

The repercussions of our military approach in the first few years here have caused most Iraqis to feel disenchanting and disenfranchised. The unemployment and poverty is so prevalent that young Iraqis are easily swayed to act against us. Bounties for contractors are reported to be 20k, coalition forces 30-40k and

a US soldier 80k dollars. Huge sums of money to a population with so many impoverished people. Some, if not most of these monies reportedly coming from Iran. I spoke with a forensic bomb expert back in Jan/Feb and they already had proof of Iran supplying bombs and intelligence to insurgents, and most recently sending in agents from the 'Qods', the secret forces from Iran.

A couple weeks ago there was a raid in downtown Baghdad and we ended-up catching the assistant Police Chief who was collaborating with the Iranians. Well his boys at the check point down the street realized what was going on and opened fire on the US troops who in turn.... called in an air strike and blew them all away. Just can't make this stuff up!!!

It continues to get hotter everyday here and we still haven't hit the peak. Walking outside is akin to opening the oven door to take out the Thanksgiving turkey. Any breeze just blows hotter air into your face. I've never drank so much water in all my life (and that could be cumulative). I'll be heading back out to Anbar Province in a few weeks to help out there, and then back to Baghdad after that.

There are a couple of other Michigan PAs here. Todd Kreykes who works/lives in Kalkaska and Gregorious Brown who was working in Detroit Family Practice. Those two, like a lot of others, don't have a job to go back to when their time is done. During our pre-Iraq training in Ft McCoy, Wisconsin I met PA's from many other states including New York, Washington, Ohio, Missouri and Mich), almost universally none of them had a job waiting for them (+90%) when they get back. As a matter of fact many, like my self, had their positions posted prior to them leaving. Needless to say, it is a bit disheartening to be sent to this place knowing that our jobs were lost because of our deployment.

Anyway, we've been on active duty over a year now and these are just another of my ramblings to keep everyone up to date. In closing, I'd like to thank everyone for their generosity to the Iraqi clinic and the soldiers here. I wish you could see the faces of these people when they receive your donations. They are living a very hard life here and the wear shows on their hands and faces. We are all just counting our days now. Looking forward to coming home next fall.

CPT Brian McKeon  
1171st ASMC Unit 42054  
APO AE 09342-2054

**(Editor's note. If anyone wants to send some snacks/treats for the soldiers it takes about 7-10 days for packages to get from the States to Iraq)**

## Medicaid Tamper-Resistant Paper Mandate

Medicaid providers will need to be aware of a new provision included in the federal fiscal year 2007 Emergency Supplemental Appropriations Bill (H.R. 2206) that was signed May 25, 2007, by President Bush. Language included in this bill identifies that "effective October 1, 2007, Medicaid outpatient drugs (as defined in Section 1927(k)(2) of the Social Security Act) will be reimbursable only if nonelectronic written prescriptions are executed on a tamper-resistant pad."

Authority for these new provisions will fall within the Centers for Medicare and Medicaid Services (CMS) Center for Medicaid & State Operations (CMSO) Medicaid Integrity Group. It is our understanding that CMSO has just begun to research how the new requirement fits with existing policies. They plan to issue guidance prior to the effective date, but have not yet determined the format or scope for such guidance. Since guidance isn't anticipated until prior to the effective date of this new regulation, or possibly until after October 1, 2007, Medicaid may not be able to adequately inform prescribers of the final form this regulation will take.

Prescribers (e.g., physicians, dentists, physician assistants, nurse practitioners, optometrists) need to be aware of this regulation change and may want to consider ordering tamper-resistant prescription pads. Prescribers also need to recognize that if the existing regulation continues without modification, pharmacies will not be able to accept any prescription written for a Medicaid beneficiary on or after October 1, 2007, unless the prescription is e-prescribed or is written on tamper-resistant paper. It is important to note that electronic prescribing of controlled substances is prohibited at this time by the Drug Enforcement Administration.

Assuming that the requirement is implemented on October 1, prescribers must be prepared to have tamper-resistant prescription pads to avoid medication access issues for their Medicaid beneficiaries when the pharmacy has no choice but to refuse to fill noncompliant prescription orders.

Tamper-resistant prescription orders are currently a requirement in many other states (e.g., California, Florida, Indiana, Kentucky, Maine, West Virginia, Wyoming); however, they have generally been limited for dispensing of controlled substance prescriptions. This new regulation will require tamper-resistant prescription orders for nonelectronic written prescriptions for Medicaid beneficiaries in all states. Healthcare providers who currently service Medicaid beneficiaries are encouraged to contact Michigan Medicaid and CMS to voice any concerns over the tamper-resistant prescription regulations.

If you have additional questions, please contact Karen Jonas, Pharmacist, Director of Professional Practice at (517) 377-0254 or [kjonas@michiganpharmacists.org](mailto:kjonas@michiganpharmacists.org).



Continued from cover

room for improvement in how we will deliver care to patients) to a time where we will be both policing to maintain our ability to practice but also help to provide innovation and opportunity to improve the health of Michigan Residents. This will be a new area for the Michigan Academy of Physician Assistants as historically we were very internally focused in improving our ability to provide care compared to helping lead the way with new and innovative initiatives to improve healthcare.

How will MAPA accomplish this? In many of the same ways it has been successful in achieving and maintaining the premier practice laws we have the pleasure of working under here in Michigan. First, we must continue to put the patient first. Historically the PA philosophy to providing care has been patient focused. As we look to aligning ourselves with organizations and legislators that can help to improve our ability to provide healthcare we must make sure that these groups and individuals have the same ideals.....**patients come first!** Second, we must not only continue to protect our ability to practice but look externally to more advanced partnerships with other healthcare groups to forge the way toward better delivery methods for providing care.

Third, promote our profession in new and innovative ways. As our national academy is researching what the general public knows about our profession, we in individual states need to continue to promote what we do patient by patient, person by person as we have done. MAPA is making plans for the short and long term toward profession promotion beyond the "old standards". This may include development of public service announcements or tools for individual PA's to utilize in promotion at a more individual level.

This brings me to one of the primary focuses of my year as president. Individual promotion of what we do. As mentioned we as an organization have been internally focused for many years as it should have been and will continue to be. However, I envision small and large groups of PA's within our regions in Michigan organize community based gatherings.

While MAPA as a professional organization will continue to offer regional opportunities for CME, we hope to provide events in which PA's can not only contribute toward community improvements but also provide avenues for them and their families to network outside of the traditional "CME dinner". Other ideas might include teams of PA's participating in charitable walks, runs or other sporting events. The idea being groups of PA's gathering at these events and participating in community improvement events will provide another "grass roots level" way for the average citizen to find out who we are.

If you have any ideas about participating in this sort of event or would like to assist one of our regional representatives in organizing such an event please contact me or our Academy Administrator, Cindy Wickstrom at the MAPA office!

I look forward to serving you in the coming year and hope to see you at another phenomenal fall CME conference at the Grand Traverse Resort and Spa Oct. 11<sup>th</sup> -14<sup>th</sup>.

Sincerely,

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

## Notification of Public Health Emergencies

**Did you know that providing the Bureau of Health Professions with your email address will enable the Department of Community Health to notify you in the event of a public health emergency? If you haven't already, go online at [www.michigan.gov/mylicense](http://www.michigan.gov/mylicense) and add your email address to their records. You can also report a change in your mailing address on the same site.**

## The Newly Redesigned MAPA Website...

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**Michigan Academy of Physician Assistants**

About MAPA FAQs Member Services Legislation CME Events PAMPAC

MAPA Headlines

Thank you for visiting our new website!

This website is the result of hard work and vision by your Michigan Academy of PA's.

Michiganpa.org is an improvement of our previous site with added links, archives, and updated information.

We also have made it much easier for you to update your information as well as renewing your membership.

There are many new updates that have been made to this website, and we hope that they are beneficial to you.

We hope that this site is your portal to everything you need related to the Physician Assistant profession in Michigan.

Again, thank you for visiting!  
Please send feed back to [mapa@michiganpa.org](mailto:mapa@michiganpa.org)

Click here to Register

Alert:  
[Medicaid Tamper-Resistant Paper Mandate](#)

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**If you have not had a chance to check out the new MAPA website, we would like to encourage you to take a look. This website is more interactive for you as you can change your address, change your login and password, and pay your dues online, just to name a few. It also has an updated Frequently Asked Question Section. I hope you have a chance to check it out soon. If you have any suggestions or comments about the website, please email them to [mapa@michiganpa.org](mailto:mapa@michiganpa.org)**



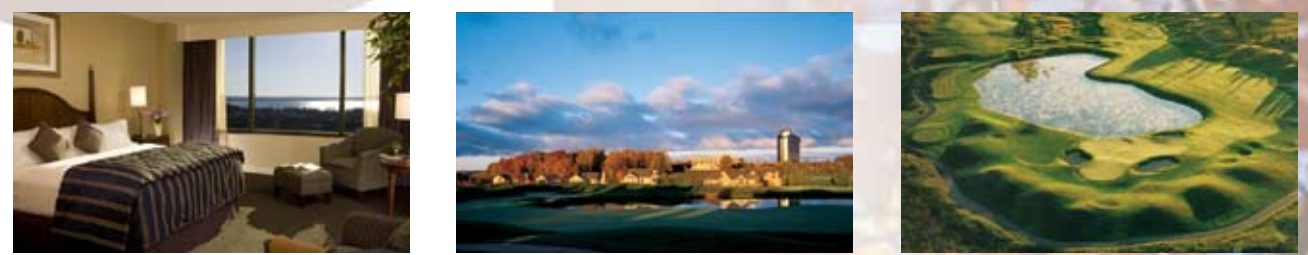
# It is time for the 32<sup>nd</sup> Annual Michigan Academy of Physician Assistants Fall CME Conference!

**M**APA has been working very hard to bring you an exciting and educational program. We are back at the wonderful and newly renovated Grand Traverse Resort this year. We heard nothing but positive comments on what a great conference and location Grand Traverse is from last years attendees. This year you will hear many lectures that you cannot get from most other CME events. You can hear about ways PA's can improve their value to a practice thru billing and coding or discuss the "Value of Medicine" on what is driving the cost of medicine and how the pharmaceutical industry impacts the medical profession, by a top national pharmaceutical executive. We will also Host the President of the American Medical Association who is a Michigan native Dr. Ron Davis. He will discuss the future goals of the AMA and how PA's can work with our physician colleges. As always, workshops will also be available for some "hands-on" or small group experiences!

When you're not hearing about the latest advances in medicine, there are many opportunities at this year's conference to mingle and catch up with old friends. Starting off with Thursday night's hay rides and Movie night complete with popcorn, Friday's PA program receptions, to the wine and cheese reception during the silent auction and the President's banquet on Saturday, you will always have an opportunity to meet new friends! We also look forward to another successful MAPA Board of Directors hosted issues and answer luncheon on Friday where you can address the board with questions, get the latest information on legislative issues, or hear about hot topics in the Michigan PA profession.

If you plan to vacation the fall, there is no better place than the Grand Traverse Resort during the peak of fall color changes. With an indoor pool, outdoor hot tubs, Spa facilities, or the many local golf courses, the resort is full of opportunities for the family. Visit Traverse City for shopping or just a scoop of ice cream! And we can't forget the many vineyards and wineries this area boasts!

So, please join us this October 11-14th, for education, fellowship, and relaxation with the Michigan Academy of Physician Assistants!



We are excited to welcome AMA President, Ron Davis, MD, and Michigan native to our fall CME conference. He will be our honored guest attending various key meetings and a special guest speaker on Saturday, October 13th. This is the first time in MAPA history to host an AMA president and we hope you will join us in welcoming Dr. Davis to our conference.

**DAYCARE SERVICES**  
The Grand Traverse Resort offers on-site daycare services. There is an option to have a babysitter come to your hotel room to watch your children if you prefer. For reservations and details call, 231-534-6780



**Wine Tour** back by popular demand. Register early as seats are limited.



**Thursday night family fun night.** This FREE event includes hay rides, goodie bags, and a movie on a large screen. Family and guests are welcome.

**New Member Mixer** is Friday, October 12<sup>th</sup>, 5:30 - 6:30

**CONFERENCE DAILY RATE**  
We are offering a daily rate of \$150.00 for MAPA Members who cannot attend the entire weekend. Please call the office for details. 877-YES-MAPA (937-6272) or register online [www.michiganpa.org](http://www.michiganpa.org)

**Michigan Physician Assistant Foundation** will be hosting its 4<sup>th</sup> 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](mailto: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.

Downloadable schedule, and registration online at [www.michiganpa.org](http://www.michiganpa.org). Watch your mailbox for conference brochure.



## Are We Ignoring DEA Regulations?

Over the last year it has come to MAPA's attention that not all PAs and NPs in Michigan seem to have a clear handle on our somewhat unique and perhaps confusing rules for prescribing controlled medications. There appears to be varied impressions as whether we need to use our own DEA number or our physician's DEA on controlled medication scripts (actually we need both!). Some PAs are just placing their supervising physician's (or another physician's) DEA number on the script and, remarkably, some pharmacists/pharmacies seem to be actually filling these scripts. By filling these scripts the pharmacies are in some ways enabling this misconception to continue and even expand as new PAs come in contact with more experienced providers who prescribe this way.

I don't think that we need to call MythBusters to solve this so let's just review the issue. The question is "can we write scripts for controlled medications without using our own DEA number"? Well, I guess living in Michigan we could use an automobile analogy. We certainly have the ability to drive our cars without insurance and that may seem to work pretty well but if we get into an accident or get pulled over then it might become a pretty big issue since it is technically illegal to do so! I think part of the problem is because we are so used to the checks and balances we see in our every day practices that we feel "Someone would tell us if we were doing something wrong... wouldn't they"?

We are allowed to practice medicine and have delegated prescriptive authority according to the laws in the State of Michigan. **Michigan law requires that PAs and NPs place their supervising physician's DEA number on all scripts written for controlled medications.** The reason for this is that Michigan doesn't consider us as independent prescribers (in a professional sense) and we are not required to

have controlled substance licenses as physicians do. Right or wrong, that is how the State sees it and they allow us the ability to be delegated this privilege. In addition to that **for a mid-level provider to place any physician's DEA number on a script then that physician must have completed an Authorization of Delegation Form allowing the PA to prescribe that controlled medication and that form must be updated yearly.** So it appears that for the most part that PAs are following Michigan law as it relates to controlled meds....but there's more!

Where we see most of the problem is with Federal Law. As soon as the script that we write includes a controlled medication it also falls under Federal jurisdiction. **Federal law requires that we use our own DEA number on all the scripts for controlled medications that we write.** The DEA oversees and tracks controlled medication use and they require the prescriber (the one writing the script) to place their DEA number on that script. **The Federal government considers us "independently" writing the script vs. the States interpretation that we are not "independent prescribers".** That is why there are two different DEA numbers required. The federal government does not require DEA registration for inpatient hospital orders but does require it on any prescription written whether it was physically written upon discharge from a hospital or in an outpatient setting

However much a pain in the rear this approach is, it certainly is light years better than before 1999 when we couldn't even write for these meds in inpatient or outpatient settings. The difficulty with the rule is that we have State and Federal oversight and both entities require different things. There are no exclusions, special circumstances, loopholes, disclaimers, if, ands or buts!

Once the script is written and filled our liability does not end. A patient could have a side effect from the medication or perhaps cause an unintended consequence to themselves or

another while on the controlled medication that you prescribed. **Geoffrey Fieger (or any Geoffrey Fieger wannabe) would salivate knowing that despite your NCCPA certification, good intentions and accurate medication dosing that you actually wrote the prescription illegally!** Your case may even be featured on Sam Bernstein's '1-800 Call Sam' television advertising! "My PA wrote a prescription illegally and Sam won a \$750,000 claim"! Also, I envision the physician's attorney advising them to stay totally clear of the case because there is an obvious "fall guy" here. **If you did not use your DEA number then you broke Federal law. If you do not use the physician's DEA then you broke State law.**

The worst thing of all is that you could jeopardize your license and ability to practice. Knowing the sacrifices that you made to work in this profession, and to the degree that your income may affect your life situation then why would anyone knowingly even consider skirting the law for \$300 every 3 years.

The rules for controlled medication were written in 1999 (after a 20 year effort) and the State and Federal governments finally agreed on their dispute in May of 2002. The State of Michigan sent out 'Health Care Alert # 12403' to every practitioner in the State including docs, NPs, and pharmacists.

[http://www.michigan.gov/documents/cis\\_fhs\\_bhser\\_Alert012403dearequirements\\_58938\\_7.pdf](http://www.michigan.gov/documents/cis_fhs_bhser_Alert012403dearequirements_58938_7.pdf)

The key point is copied and pasted here or you may write in the above internet address and locate the newsletter yourself. This information, along with a physician delegation form is available on the MAPA website, [www.michiganpa.org](http://www.michiganpa.org)

Ron Stavale PA-C  
Chairperson, PAMPAC



Physician Assistant – Family Practice/Sports Medicine

Portage Health Medical Group has an opening for a Physician Assistant. This new position will support the medical services provided by our physicians in Family Practice and Sports Medicine Institute. Portage Health's Sports Medicine Institute is the official sports medicine provider to Michigan Technological University and Finlandia University. The Physician Assistant will provide inpatient and outpatient services under the supervision of the physician in various settings, including the medical practice office, community athletic events, and acute inpatient unit.

Physician assistant candidates must be a successful graduate of an accredited physician assistant program, and possess board certification. Prior experience in Family Practice/Sports Medicine is desired.

Portage Health is located in Michigan's beautiful and scenic Upper Peninsula near Lake Superior that is home to Michigan Technological University (MTU) and Finlandia University (FU). Additionally, this warm, family-oriented community with excellent schools offers year-round recreational opportunities including skiing, snowmobiling, golfing, hiking, kayaking, boating, fishing, hunting, camping, etc. This active lifestyle is a perfect complement to a fulfilling career at Portage Health.

Portage Health offers a competitive compensation and benefit program. Qualified candidates may apply by sending a letter of interest and resume to Robbyn Lucier, Human Resources Director, Portage Health, 500 Campus Drive, Hancock, MI 49930 or by email to [hr@portagehealth.org](mailto:hr@portagehealth.org). Visit our website at [www.portagehealth.org](http://www.portagehealth.org). E.O.E.

## DEA Adds New Rule for Schedule II Drugs

The Drug Enforcement Administration (DEA) recently reviewed their controlled substance prescribing guidelines and implemented a new rule that affects Physician Assistants. Effective immediately new PAs, and those renewing (change of address of their primary care site), are required to have a statement on the Delegation Form that reads: "I give delegation for prescribing at SITE NAME, FULL ADDRESS." The DEA is looking to see what address is used for prescribing schedule II drugs since PAs are only authorized to prescribe them in a hospital setting. So, if you are in a private practice or any other non-hospital venue and want to prescribe Schedule IIs, be sure to include the address of the hospital you are working out of. If, after you comply with this directive, you are still experiencing problems with the DEA, please contact the MAPA office.



## Local Physician Assistant Student Receives National Scholarship

Jennifer Stoll, a physician assistant (PA) student at Grand Valley State University has been awarded a national 2007 Physician Assistant Foundation scholarship. The foundation is the philanthropic arm of the American Academy of Physician Assistants, headquartered in Alexandria, Virginia.

The Foundation's program recognizes students enrolled in the 136 accredited PA educational programs across the country. The organization awards scholarships annually to those with outstanding records of academic achievement combined with a commitment to community service and quality health care service.

Grand Valley State University Physician Assistant Studies program reaches out in the Grand Rapids community in numerous ways. In addition to full class schedules, the students at GVSU make plans every year 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, as well as plans 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. Jennifer Stoll, is one example of the great GVSU PAS students and their commitment 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.

PA Foundation scholarships have provided nearly \$1.5 million to support deserving PA students in the nearly 30 years of the program, and this year singled out 42 deserving recipients (over 4000 students possible). The scholarships are made available through the generosity of corporate sponsors, various constituent foundations, and individual contributors.

Jennifer Stoll, PA-S2  
Class of 2008



### Write a new chapter in your career

Providence Hospital, a member of St. John Health, is rewriting the story of healthcare careers. We are a mission-based system committed to providing holistic care to our community.

Physician Assistants are an integral and respected part of patient care at Providence. They enjoy autonomy as well as a strong physician support system. We currently have **PA positions** available in Oncology Clinical Practice (contingent), Orthopedics, Neurosurgery and our Hospitalist program. Experience is preferred.

Our location in Southfield, MI, offers all of the cultural, educational and recreational activities you would find in any large urban area. Join our passion for healing. Contact our PA Recruiter at 248-849-5830 today for more information, or apply online at:

[stjohn.org/careers](http://stjohn.org/careers)



## Michigan's Supply of Physicians Affects Physician Assistants

Anne Rosewarne, President

The Michigan Department of Community Health Survey of Physicians 2006 gives information on Michigan's supply of physicians and offers a glimpse into how physician shortage will affect physician assistants.

Michigan is facing an estimated shortage of between 4,400-6,000 physicians by the year 2020.

The Michigan Department of Community Health Survey of Physicians 2006 includes data on Michigan physicians' employment characteristics, practice specialty, time spent providing patient care, practice capacity, plans to continue practice, education background, professional activities, use of computer technology, gender, and racial/ethnic background.

Key findings from the survey show that: Sixty-six percent (about 24,500) of physicians fully licensed in Michigan are providing patient care services in Michigan. Another 3 percent are working as a physician in Michigan but spend no time in patient care. The remaining 31 percent are retired or working outside of Michigan.

Fully licensed physicians who provide patient care spend an average of 40 hours per week providing such care. Physicians who are younger, male, or practicing in a specialty other than primary care are likely to spend more time providing patient care. 34 percent of active physicians indicate that they plan to practice medicine for only one to 10 more years.

Efforts are being made to promote Michigan as a place to practice.

Earlier this year the Practice Michigan Advisory Council was formed to promote Michigan as a great place to live and practice. This Council includes the four Michigan medical schools, regional graduate medical education consortiums, the Michigan State Medical Society, the Michigan Osteopathic Association, the Michigan Recruitment and Retention Network, the Michigan Health Council and the Michigan Economic Development Corporation.

"One recruitment initiative will familiarize residents with Michigan from coast to coast and help them get involved with activities outside of their training. Regional resident receptions will also be held to highlight local communities and job opportunities," said Susan Sanford, Vice President of the Michigan Health Council.

There are many opportunities for physician assistants and Michigan moves closer toward the expected shortage. Medical Opportunities in Michigan (MOM), a website listing medical positions within Michigan. MOM ([www.mimom.org](http://www.mimom.org)) lists more than 500 physician and physician assistant opportunities.

The Michigan Center for Health Professions, established in 2005 with funding support from the Michigan Department of Community Health, is focused on the critical issues of recruitment, education, and retention of health professionals. Anne Rosewarne, president of the Michigan Health Council and director of the Michigan Center for Health Professions, said the physician survey data provide important information that will be used by the center for strategic planning and collaborative efforts to strengthen the Michigan's health workforce.

The Michigan Health Council\* ([www.mhc.org](http://www.mhc.org)), a nonprofit organization dedicated to addressing healthcare workforce issues in Michigan since 1943 has as it's mission to improve the lives of people by expanding the availability and distribution of health services. Through the promotion of the current health workforce, and the development of future health professionals, MHC is committed to addressing the ever-changing needs of the people and communities it serves. For more information, visit [www.mhc.org](http://www.mhc.org) or call (517) 347-3332.

The Michigan Healthcare Workforce Center (MHWC) is an informational resource initiative designed to gather, review and disseminate information on healthcare workforce related issues. The MHWC was established in 2005 through a collaborative agreement between the Michigan Department of Community Health, Department of Labor and Economic Growth, Department of Education, and Department of Human Services. Additional details on the physician workforce are contained in the full report, Michigan Department of Community Health Survey of Physicians 2006, available online at [www.michigan.gov/healthcareworkforcecenter/](http://www.michigan.gov/healthcareworkforcecenter/) under Licensee Surveys.

\* Michael DeGrow, MAPA's executive Director, currently serves as a board member of the Michigan Health Council representing the PA profession.





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