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Fourth Quarter, December 2007

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MAPA Hosts Meeting of National Presidents

James Kilmark, PA-C

Many PAs were not aware prior to MAPA's 2007 Fall CME conference that the current Presidents of the AAPA, the American Medical Association and the American Osteopathic Association are all residents of the state of Michigan. In planning for our Fall conference, MAPA invited the Presidents of each organization to come together and meet in Traverse City. Gregor Bennett, PA-C, AAPA president, committed early to attending our conference and attended with Paul Robinson, PA-C, AAPA Speaker of the House of Delegates, and Bill Fenn, PA-C, AAPA 1st Vice Speaker of the HOD. CME Planners expected polite deferrals from the two national medical associations. They were surprised when Ron Davis, MD, AMA president, from East Lansing honored MAPA and the PAs of Michigan with his RSVP to attend and speak to our conference attendees.

Dr. Davis is a Board certified preventative medicine physician who has served as director of the CDC's Office on Smoking and Health, as chief medical officer in the Michigan Department of Public Health, and since 1995 has been director of the Center for Health Promotion and Disease Prevention at the Henry Ford Health System (headquartered in Detroit). In setting the stage for Dr. Davis and his introduction to the physician assistant profession, Mike Degrow, MAPA Executive Director, and I, as MAPA president, hosted a dinner meeting with Greg Bennett and Ron Davis. It was a perfect time to discuss our professions, alignment between PAs and their supervising physicians, and the role PAs play in providing care and influencing healthcare issues at both state and national levels. There was also discussion about Association membership and it was interesting to hear that the AMA also deals with the same problems of

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member recruitment as does our PA association. Surprisingly, Dr. Davis admitted that he did not personally have experience working directly with PAs but did acknowledge that our role is very well accepted and that we will play an increasingly significant role in providing care in the future partly due to the looming physician shortage.

Further meetings with Dr. Davis included his meeting with MAPA's board of directors where he discussed the AMA's agenda for the year which includes:

- Expanding medical coverage for the uninsured
- Reforming the Medicare physician payment
- Reforming the medical liability system
- Ensuring that physicians set quality standards
- Improving patient safety
- Promoting healthier lifestyles, closing gaps in health care and helping prepare and respond to disasters

Later Dr. Davis addressed the attendees of the fall conference during the annual Issues and Answers Luncheon. Dr. Davis again outlined the AMA's initiatives with humorous clips highlighting the obesity crisis in the U.S. Mr. Greg Bennett also addressed the audience and encouraged all to participate in the AAPA's campaign to improve health literacy by applying for grants to obtain health related reading materials, distributing that literature to children and finding opportunities for reading and interaction with children. Paul Robinson also spoke and announced his intention to run for the position of AAPA president.

In reflecting on the attendance of these national figures at MAPA's Annual Fall conference, I came away with a few observations that further solidify my position on how MAPA and individual PAs can and do make a difference. First, PAs continue to be recognized on the national stage due to their ability to provide quality, cost effective care to their patients. Second, while our first priority is our patients, we continue to be respected for our ability to be innovative leaders in the team approach to health delivery. Third, the message brought to MAPA's constituents by these national figures mirrors my own agenda as MAPA president: that each individual PA plays a huge role in educating patients, educating communities about healthy lifestyles and health literacy, as well as the need to participate in influencing health policy issues.

Finally, while it is definitely exciting to have such national figures present at MAPA's conference it certainly can't overshadow the importance of why we hold our fall conference: To provide PAs with the opportunity to improve their practice of medicine while socializing with their fellow colleagues and friends.

Attention New Graduates (or fellows who may be changing jobs).

The Federation of State Medical Boards (FSMB) has expanded their credentialing service to include Physician Assistants. The Federation Credentials Verification Service (FCVS) is a national service to provide credentialing at one source. Once a PA is established and verified under the FCVS, participating states, and Hospitals can quickly and easily credential that PA without going through the lengthy process again. The FCVS verifies your previous transcripts, degrees, PA program information, and board status. Once credentialed the service remains active throughout your career. This service previously was only available to Physicians.
Currently FCVS is accepted by over 20 states, but Michigan is not one of them. The list of participating states, and organizations continues to grow each year. For more information, or for an on line application, go to the Federation's web site at http://www.fsmb.org/ and click on the credentialing tab.

Phil Schafer, PA-C
Legislative Affairs Chair

GVSU Celebrates National PA Week

By Allison Schultz, PA-S

For the 2007 National PA Week, I celebrated by joining Dave Klungle, a fellow first year, Matt and Chris, second years, and Blair, a third year, all GV PA students, and attended a GVSU Pre-PA club meeting. Our goal for the evening was to provide accurate information to the students who are just learning about the profession and the program at GVSU. We understood that they had already received a lot of information from the Pre-PA club officers, however, we felt as though we could serve as an excellent resource as well.

The meeting started at 9:00 pm in Loutit lecture hall on the Allendale GVSU campus when Dave and I presented a PowerPoint presentation which lasted approximately 20 minutes. Because we knew that the officers of the Pre-PA club had already spoken to the members about the profession, we hit on aspects that they may not have covered. In addition to explaining what the profession is, we also talked specifically about Grand Valley's program. Not only did we explain how the program works and an example of our 1st fall and winter semesters, we also provided many tips on how to prepare for a good application and interview.

When our presentation was complete, we opened it up for questions that lasted approximately 45 minutes. The students were shy at first, but once we got a conversation started, it went very smoothly. The students asked many questions that I remember I had when I was a student. Questions included: "how did you get all of your patient care hours," "how did you prepare for the interview," and "why did you choose Grand Valley?" Because Dave and I made sure to have a panel which represented all three years at Grand Valley, we were able to effectively answer questions.

Something important that I learned from this experience was that although the students were members of the Pre-PA club, there were many of them that still needed clarification of the profession. It's unfortunate that most students do not find out about the profession until they are in college. I happened to be lucky enough to have an excellent mentor in high school who got me interested early, however, that is not always the case. By attending this meeting, I felt as though we represented the program and profession well to approximately 60 individuals. I hope that the tradition of previous Pre-PA Club members going back for PA week will continue in the future.

MAPA Promotes PA/Physician Team Concept at the MSMS Annual Scientific Meeting

On October 26th MAPA traveled to the Michigan State Medical Society's Annual Scientific Meeting in Troy to address their attendees on the "Physician/PA Team" concept. The presentation was well attended by physicians who wanted to learn more about the PA profession and how a PA can be integrated into their practices. MAPA presenters included John McGinnity, PA-C; Gale Easton, PA-C; Phil Schafer, PA-C; Dan Ladd, PA-C and Dan's supervising physician, David Friar, MD. A key part of the presentation is to bring in a physician/PA team (in this case Dan and David) to highlight their working relationship and field questions from the physician audience. It was a very successful meeting and more presentations are expected to be scheduled at future MD and DO conferences.

A Proud Day for Michigan PAs

The Michigan Academy of Physician Assistants would like to say congratulations to Gregor Bennett, PA-C, as he assumes his role as the President of the American Academy of Physician Assistants. Mr. Bennett, a past president of MAPA, has been a guiding force for PAs here in Michigan for many years, both in his practice in Grand Rapids, and at the MAPA office in Lansing. He has inspired, and continues to inspire many of the leaders of the Michigan Academy, and we are truly excited to welcome him into his new role. We look forward to supporting President Bennett with his chosen projects such as genomics and reversing health care disparities in the US and around the world.

Specialty Certification Survey Results

By Andrew Booth, PA-C

In May of 2007, a survey was conducted by the Michigan Academy of Physician Assistants (MAPA) to its members regarding physician assistant specialty certification and specialty training.

The Michigan Academy's goal in attaining this information was to assess how the members of the organization felt about PA specialty certification and PA residency programs. The information was also utilized by the MAPA representatives in the 2007 AAPA House of Delegates (HOD) in Philadelphia. The results helped the representatives be more informed and reflect the will of its members to the AAPA HOD.

This survey was done via email and was also accessible at the Michigan Academy's website. The survey was sent as an attachment with a letter explaining the survey and its relevance. There was also a link posted on the home page of the website, www.michiganpa.org that would directly open the survey when clicked. The survey was conducted for 2 weeks. There was one reminder sent via email to remind the members to fill out the survey, or to visit the website to fill out the survey. The Survey was 14 questions long including both yes/no type questions, explanations, and comments. The survey results were tabulated using the Michigan State Medical Society internet based survey tool called *InformZ.*

The survey was completed by 248 members. The average time to complete was 3 minutes and 5 seconds. On average, 90.38% of the survey was completed per respondent.

The respondents consisted of 98% clinically practicing PAs (at least part time). 37% of the respondents worked in Primary Care, followed by 19% in a surgical specialty, 15% in Internal Medicine, and 2% in OB/GYN.

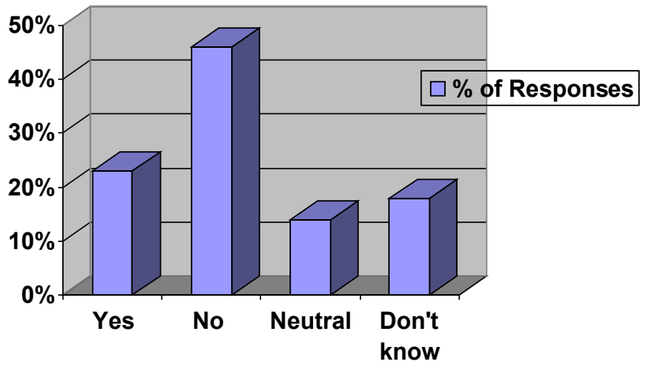
To begin, the Michigan Academy wanted to establish if the constituents were aware of the work being done by NCCPA and ARC-PA regarding the specialty issue. Of the 248 respondents, 201 (81%) were aware of this issue.

The next sets of questions were specific to the PA specialty certification.

Question 2 asked if they were in favor of voluntary PA specialty certification. 46% of the respondents were against this specialty certification, 23 % were for specialty certification, 14% were neutral, and 18% were still undecided (See Table 1). When asked why they were in favor, the most common response was because changes in health care and PA practice indicate it is the appropriate time to pursue specialty recognition. This was followed closely by the professions growth and increasing visibility has resulted in the need for greater standards. Even more interesting, 57% of those who were in favor of specialty recognition were so because they believed that it would not be a problem as long as it remained voluntary.

Of the 46% that were not in favor, the most compelling reason was because they felt it would limit the mobility of PAs to change jobs. This was the reason for 92% of the respondents that were not in favor of the certification. 85% of these respondents against specialty certification were not in favor because they believed it would increase barriers for entry into specialty practice for new PAs. Other reasons include potential of certification becoming a requirement for work in specialty areas, legal/ malpractice implications, and the potential for increased barriers for entry into specialty by new graduates.

Table 1. Question 2 response. **Are you in favor of voluntary PA specialty recognition?**

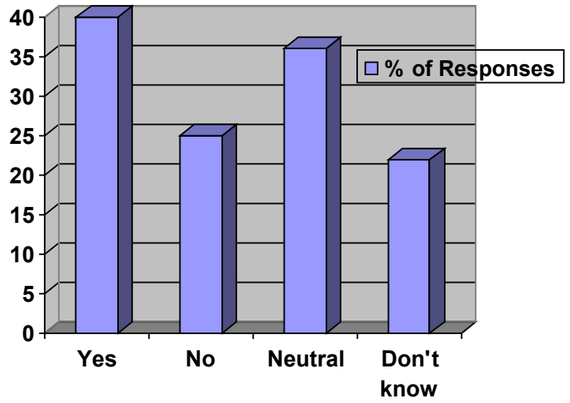


The following questions were then asked in regards to post graduate residency program voluntary accreditation. Of the 246 respondents, 40% were in favor, 25% were against, and 36% were either neutral because it did not impact them (22%), or they did not know (14%). See Table 2.

The most common reason why the respondents were in favor was because they believed it would serve to provide programs and an external validation of their educational offering. External validation of their education was followed closely by the thought that the residency programs offer prospective learners one means by which they can judge the quality of the educational experience. Again, 31% of the respondents believed that it would not be a problem for them as long as it remained voluntary.

For those that responded against the voluntary residency accreditation, the most common reason was the concern that accreditation would become mandatory for PAs to complete an accredited program to practice in certain specialties. Other reasons included the thought that post graduate programs have done fine without it, and the standards are not comprehensive enough to be meaningful to either the program or potential students.

Table 2. Question 5 response. **Are you in favor of voluntary accreditation for post graduate PA residency programs?**



The last section of the survey included an area were the respondent could add any additional comments. A majority of these comments revolved around the ability of PAs to work were they want without any additional education or accreditation. Also mentioned was that it is difficult enough now to recertify and that more training would make it harder to pass recertification. Other thoughts included were a move from "voluntary" to "required", and the lack of knowledge yet about this topic.

Examples of comments:
I feel it would benefit the PA community to maintain a general medicine foundation in order to continue to facilitate flexibility within all fields of medicine. However, I think expanding education beyond the master's level education with certification opportunities to help PAs excel in specialty fields can only benefit individual practitioners.

This is, as you know, an issue charged with potential implications. This could help those who seek additional training, where specialty recognition could boost their marketability. However, this double-edged sword could restrict those who lack certification/recognition from certain jobs, or perhaps from reimbursement. It may also make those not certified/recognized more of a target for malpractice, as "they are practicing in an area they aren't trained for", as evidenced by this lack of recognition.

I feel it is a necessary standard. I certainly want to know that the PA or Dr. I'm seeing has a certain level of experience or perhaps took the effort to complete additional training. After all, at conferences we introduce speakers with their credentials and number of years in their field or experience as a way to prove to the audience the speaker is qualified. I'm concerned; however, it will become a voluntary "requirement" quickly. As is, open positions "require" a minimum of 2+ years or more experience in any given field thereby limiting PAs in switching fields. Unfortunately someone wanting to change specialties with years of experience in another field must look for "willing to train" or "will consider new grad". The other thing I seem to see recently from PAs is disrespect for other specialties. The "what do you expect from a (insert other specialty) PA". The same thing happens with physicians and their specialties. When I entered the field just 4 years ago there was a cohesive nature regarding fellow PAs. Maybe it's the younger crop of students/graduates we're getting and they aren't as mature but it seems they are far more critical and competitive of each other and that will only serve to weaken the PA profession. We are all fellow PAs and need to stand together. We can have differing opinions regarding this recognition issue and still remain strong as PAs.

Conclusion:

This study provided evidence that the PAs who responded to this survey are against specialty certification. What is interesting is that even though most are against this specialty certification, a majority of the respondents were for Postgraduate Residency program accreditation. It is alright to get additional training in a specialty discipline, but it is not ok to get certified. Also, it was amazing to find out that most respondents were okay with specialty certification as long as the certification is voluntary.

Finally, it appears that most PAs that responded (81%) are aware of these issues. However, the Michigan Academy of Physician Assistants needs to continue to inform the PAs in this state on this topic. This issue is a very important one and has wide spread implications for the Physician Assistant field. Based on the number of respondents, this is an important issue, and all PAs need to stay up to date. MAPA is committed to keeping you informed.

Farewell Dr. Crane, and Job well done.

AAPA Executive Vice President and CEO, Steve Crane, PhD will be leaving in August for a position with the American Thoracic Society. Dr. Crane has served as the CEO of the AAPA for almost 15 years and has lead it to become one of the most effective and influential health care organizations in the country. The AAPA, under his command, has become an invaluable resource for PAs, physicians, and patients, here and in other countries as they have begun to develop their own PA profession.

What may not be known to many Michigan PAs is that Dr. Crane obtained his PhD from U of M, and was the author one of the most fundamental and ground breaking pieces of PA legislation right here in the Great Lakes State. This 1976 law enabled PAs to practice medicine in Michigan and served as a guideline for other state PA programs., This legislation has had many positive repurcusions for many years. Michigan PAs continue to reap the benefits of this work. We will be forever grateful for his insight and hard work. The Board of Directors would like to extend our congratulations to Dr. Crane on his new position and to say thank you for all that you have done.

MAPA Assists Member in Changing Restrictive Policy

By Daniel F. Ladd, PA-C
Chair, Reimbursement Committee

In early August, MAPA was alerted by a member who was told by Covenant Health Systems that she could no longer see BCBSM (or Health Plus) patients in her practice unless her supervising physician was present in the office.

This change in policy was effected by a consultant that Covenant had hired. The consultant convinced them that billing BCBSM for physician services provided by PAs under the supervising physician's billing number may be "fraud."

Covenant contacted BCBSM and were told that BCBSM indeed follows the CMS "incident to" policy (I have seen no such documentation) and that PAs could only see patients if the doc was present. Covenant didn't challenge the fact that the CMS policy allows PAs to see any Medicare beneficiary autonomously for any problem at any level of service at 85% reimbursement ... a provision that BCBSM can't accomplish as they do not uniquely identify PAs.

MAPA contacted the consultant, representatives from Blue Cross and Covenant and provided extensive information supporting the current policies for reimbursement for PAs as well as explanations of our current practice abilities. Many hours were spent in these discussions.

This information ultimately led to development of a dialogue between Covenant and BCBSM...I heard yesterday that this issue has been resolved!

From the PA...

> Last Friday the hospital lawyer and our new director met with us at the office and informed us that we were free to see patients as we always had. Thanks to our persistence, especially on the part of our organization, we were able to prove the consultant wrong. Please pass this email and my sincere thanks to all who have worked so diligently on this most serious matter.

This, in part, is the value of MAPA membership. I am grateful for this PA being unwilling to sit by and have her practice affected adversely. I thanked her for contacting Vaughn Begick and asking MAPA for assistance; I am very pleased we were able to exact a positive outcome.

Michigan Physician Assistant Foundation Report

The Michigan Physician Assistant Foundation (MPAF) awarded five $1000 scholarships at the annual Michigan Academy of Physician Assistants annual conference at Grand Traverse Resort on October 12, 2007. The receipients of the scholarships were Kristen Cox from Grand Valley State University, Melissa Pietras from Western Michigan University, Allison Kupets from University of Detroit-Mercy, Miranda Deilert from Wayne State University and Joni James from Central Michigan University.

The Student Quiz Bowl was held the same evening with eight teams participating. Paul Robinson who is the Chair of the AAPA House of Delegate was the quizmaster. Grand Valley State University was the champion and took home the traveling trophy.

The Foundation then hosted a silent auction the next evening, October 13, during the banquet. A total of approximately $4500 was raised at the auction. The Foundation would like to thank all those who purchased items at the auction. The money raised will be used for scholarships next year. This is the largest amount that we have ever raised at a silent auction.

If you are a student in a PA program and would like to apply for a scholarship for next year, you can go to our web site which is www.mipaf.org and apply.

If you would like to donate to the Foundation, you can mail a check
4150 Hunsaker Street
Suite D, PMB 129,
East Lansing, MI 48823

MAPA members celebrate 40 years of the Physician Assistant profession

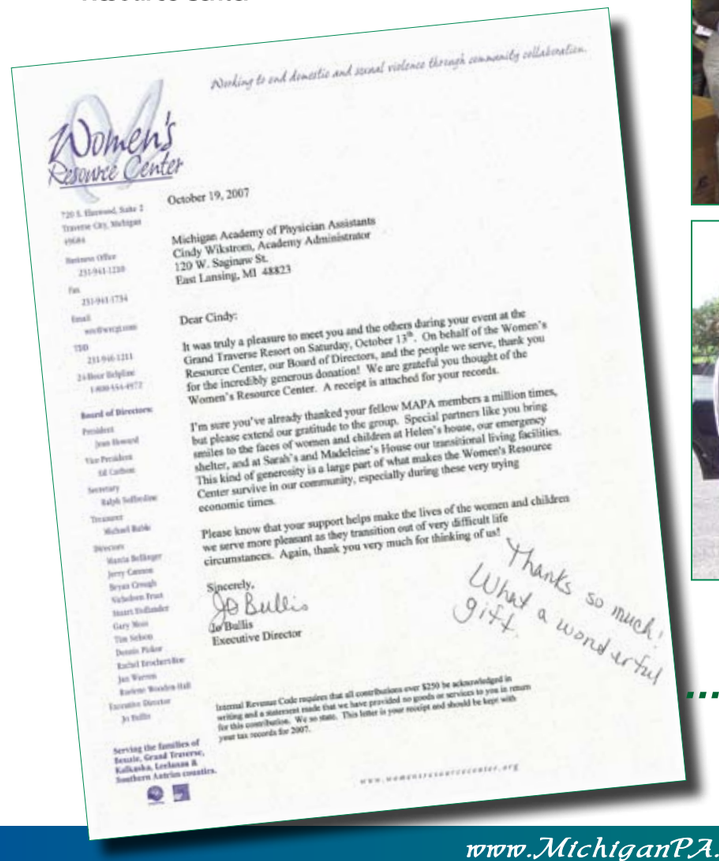
National Physician Assistant Week, October 6-12 coincided this year with the 32nd Annual Fall CME Conference in Traverse City. In commemoration, members and others got involved in the local community by bringing donations to the conference for the Women's Resource Center of the Grand Traverse Area

The Women's Resource Center (WRC) provides education, support, counseling, housing and advocacy-through community collaboration, to end domestic and sexual violence and promote an equitable, safe environment for all.

The WRC serves a population of over 142,000 people in the five counties of northwest lower Michigan. Last year 266 adults and children participated in the WRC's emergency and transitional housing programs and WRC provided over 21,000 nights of service.

Additionally, WRC provides nonresidential services to nearly 1500 persons including:
- The Sexual Assault Nurse Examiner's (SANE) Program which provides services to approximately 80 victims of sexual assault a year
- The M.E.N.S. (Men Exploring Non-violent Solutions) and A.W.A.R.E. (A Women's Anger Reduction & Empowerment) Programs that served over 300 people in 2006
- Prevention, education and public awareness presentations and training

MAPA members collected more than $2,000 in various items to help the Women's Resource Center



Working to end domestic and sexual violence through community collaboration.

Women's Resource Center

720 S. Elmwood, Suite 2
Traverse City, Michigan
49684

Business Office
231-941-1210

Fax
231-941-1734

Email
wrc@wrgt.com

TDD
231-946-1211

24-Hour Helpline
1-800-554-4972

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Serving the families of Benzie, Grand Traverse, Kalkaska, Leelanau & Southern Antrim counties.

October 19, 2007

Michigan Academy of Physician Assistants
Cindy Wikstrom, Academy Administrator
120 W. Saginaw St.
East Lansing, MI 48823

Dear Cindy:

It was truly a pleasure to meet you and the others during your event at the Grand Traverse Resort on Saturday, October 13th. On behalf of the Women's Resource Center, our Board of Directors, and the people we serve, thank you for the incredibly generous donation! We are grateful you thought of the Women's Resource Center. A receipt is attached for your records.

I'm sure you've already thanked your fellow MAPA members a million times, but please extend our gratitude to the group. Special partners like you bring smiles to the faces of women and children at Helen's house, our emergency shelter, and at Sarah's and Madeleine's House our transitional living facilities. This kind of generosity is a large part of what makes the Women's Resource Center survive in our community, especially during these very trying economic times.

Please know that your support helps make the lives of the women and children we serve more pleasant as they transition out of very difficult life circumstances. Again, thank you very much for thinking of us!

Thanks so much! What a wonderful gift.

Sincerely,
Jo Bullis
Jo Bullis
Executive Director

Internal Revenue Code requires that all contributions over $250 be acknowledged in writing and a statement made that we have provided no goods or services to you in return for this contribution. We so state. This letter is your receipt and should be kept with your tax records for 2007.

www.womensresourcecenter.org

...and now onto the Fall CME Conference Wrap-up!

2007 Fall CME Conference

Over 400 PAs took advantage of the beauty of Northern Michigan in October during the Michigan Academy's 32nd Annual Fall CME Conference. And with no threat of snow (circa 2006), even the outdoor events were enjoyable!

The weather was great, and the program was even better. The CME committee, chaired by John McGinnity, PA-C, excelled at providing well rounded, exciting, and educational lectures from local and national speakers.

The Conference started on Thursday evening with a chilly, but entertaining hay ride around the grounds of the Grand Traverse resort, followed by a Family Movie in the ballroom.
Thursday also included the Board meeting in which the business of the Academy was discussed. Included in this meeting were issues pertaining to future MAPA leaders, MSMS Annual Scientific Meeting, updates on the license renewal form, regional representative activities and the strategic goals for the academy over the course of the next year. We were also fortunate to have many students represented from Michigan PA programs.

The highlight of the second day of the conference was the Issues and Answers session. During this event we were fortunate to have some state and national leaders present. Ron Davis, MD, the President of the American Medical Association gave a very interesting talk on the issues facing the AMA and their strategic goals. See the article in this newsletter for further details. Also presenting in this session was Gregor Bennett, MA, PA-C, President of the American Academy of Physician Assistants; Paul Robinson, PA-C, Speaker of the House and Vice President of the AAPA; and Bill Fenn, PhD, PA-C, First Vice Speaker of the House of the AAPA. Mr. Robinson announced his intention to run for President of the American Academy of Physician Assistants during his speech. Interestingly enough, all of these leaders, with the exception of Paul Robinson, are from Michigan. We are fortunate to have great leaders in this state that have gone on to be leaders on a national level!

Friday was an evening for the students starting with the University receptions and followed by a lively quiz bowl. A tremendous display of educational prowess was on display by all the programs participating. In the end, the trophy went back to Grand Valley State University. Congratulations to those GVSU students, and all the students who participated. In addition a reception was held for the Michigan PA Task Force and it's 30th anniversary. A large group of PA attendees had the honor of listening to Sally Moldwin, PA-C; Bill Klerk, PA-C; and Jim Knight, PA-C, explain the pioneering days when PAs were threatened with arrest for practicing medicine and there was no Michigan Academy of Physician Assistants.

The last event of the conference was the Michigan Physician Assistant Foundation (MPAF) Silent Auction and President's Banquet on Saturday night. A well organized auction brought in money for student scholarships given by the MPAF. The President's Banquet also was a special event with President Jim Kilmark honoring MAPA's Immediate Past President, Andrew Booth, PA-C, for his hard work and dedication to the Academy. John Walker, MD, former supervision physician to Jim Kilmark, was honored for his many years of support and advocacy to the PA profession and the Michigan Academy of Physician Assistants. The night was rounded out by Mike Ridley, singer comedian.

Overall, this conference was one of the best on record. Very positive feedback was received from the attendees regarding speakers, topics, facilities, and events. Thank you again to the CME committee, Cindy Wikstrom and the PSI staff for a job well done for the PAs of Michigan and another fine conference. Your hard work and diligence is appreciated!

GVSU PA Students Strike Back

"The best test to confirm an acute lumbar disc herniation in symptomatic patients who are unresponsive to conservative therapy is… Grand Valley?"

"MRI," Kristin Cox, 2008 student of GVSU and recipient of a PA Foundation scholarship, answers without hesitation.

Friday, October 12, 2007, Grand Valley State University PA students displayed their dedication to medicine and the health care of patients by winning the 2007 Michigan PA Foundation Quiz Bowl competition. Grand Valley has won 3 quiz bowls in the past 5 years. This year, the GVSU team was determined to win back the trophy from last year's winner, Central Michigan University. Later Cox stated that, "It was an exciting moment for the whole team to bring the trophy back to GVSU!" 2007 Quiz Bowl Team members included Kristin Cox, Mike Grotenrath and Sarah Thomson.

Starting on the left: Kathleen Godinez, Dr. Wallace Boeve PA-C, Sara Smith, Patrick Smith, Sarah Thomson, Lisa Woolsey PA-C, Michael Grotenrath, Kristin Cox, Megan Goff, Molly Downing, Aleksandra Lieckfield, Ricardo Rios PA-C

Congratulations to Grand Valley State University!

New BCBSM PA Policy" prompts MAPA discussions with MOA and MSMS

MAPA has been informed by Blue Cross Blue Shield of Michigan, that it will announce, in the October 2007 *The Record,* a new policy that requests the "registering" of all PAs.

This article will give instructions on how to register for a PIN and mentions an 85% reimbursement rate for services provided by PAs.

BCBSM states further that a clarification article will come out in December describing more reimbursement details. MAPA was told that the rules for billing would be very similar to the current practice.

MAPA has initiated a dialogue with representatives from our physician partners at Michigan Osteopathic Association (MOA) and Michigan State Medical Society (MSMS) to develop a unified position to present to BCBSM that will allow maximum access to care with optimal reimbursement.

Michigan State Loan Repayment Program Opportunity

The Michigan State Loan Repayment Program (MSLRP) provides loan repayment assistance to medical, dental and mental health care professionals who are willing to provide full-time, primary health care services in a Health Professional Shortage Area (HPSA) at a not-for-profit health clinic for two or more years.

***** Michigan SLRP Program Update *** Posted 10/5/07**

December 2007 Application Period:

Providers and Employers: This is your next opportunity to apply for a MSLRP contract, which will start 4/1/08.

During the December 2007 Application Period, providers will be able to apply for:
Competitive Contracts
Local Match Contracts; and,
CMH/DOC State Match Contracts.

Competitive Contracts, are funded with Federal Funds and State General Funds and do not require employer contributions. Competitive Contracts are typically awarded to priority applicants. You can read more about the selection criteria and process in the sections entitled: "SLRP Provider Selection Criteria" and "SLRP Selection Terms, Rules and Process", found on the MSLRP Website at: www.michigan.gov/mislrp.

Local Match and CMH/DOC State Match Contracts are funded by employer contributions, matched by Federal Funds. Both of these types of contracts allow employers to leverage each dollar they contribute to two dollars of impact on their recruitment and retention efforts. Please see the section on the website entitled "SLRP Funding and Contracts" for details and note that only eligible mental health care providers may apply for CMH/DOC State Match Contracts.

Please be sure to:
Read all of the information provided on the MSLRP Website;
Check the type of contract for which you are applying on first page of the Provider Application, Part A; and,
Remember that your Complete, Single-submission, SLRP Application Package must be mailed with a December 1st to 31st postmark.

Post-December 2007 "First Come, First Served" Application Period:

Eligible providers who miss the December 2007 Application Period may submit their Complete, Single-submission, SLRP Application Packages postmarked after December 2007.

Applications postmarked after December 2007 will only be reviewed if funds remain available after all eligible December applicants have been awarded MSLRP contracts. If funds remain available, contracts will be awarded to providers who submit complete applications postmarked after December 2007 on a first come, first served basis, regardless of priority status. Experience suggests that, if funds remain available for the Post-December 2007 Application Period, they will be for Local Match and CMH/DOC State Match Contracts.

Contract start dates for successful Post-December 2007 applicants will be on or after April 1, 2008. The close of the Post-December 2007 Application Period will be posted on the MSLRP Website as soon as all contract funds have been awarded.

To learn more about the program, including eligible provider types, HPSA locations and maximum contract amounts, visit the Michigan SLRP Website at: www.michigan.gov/mislrp.

Once you have read the website to become familiar with the program, call Ken Miller, MSLRP Analyst, at 517 241-9946 with any additional questions, or email him at MillerK3@michigan.gov.

Single-payer coverage already works in U.S.

By James C. Mitchiner

The recent launch of health reform in Massachusetts, centered on a joint individual-employer mandate, calls to mind the approach taken by Michigan's road repair crews to the potholes that appear in the spring: cosmetic, incremental, and oblivious to the crumbling infrastructure that lies beneath.

The hallmark of health care reform over the last 20 years, regardless of whether it's been done on the state or federal level, has been to fix the cracks, fill in the holes and smooth over the rough spots - basically, anything that's needed to prop up a fundamentally flawed system. We have seen state and federal reform proposals in various iterations, generally presented with great fanfare and with promises that were either short-lived or never materialized.

The one approach we haven't tried - because of fear, complacency, politics, apathy, or all of the above - is to wring out the inefficiencies in financing, while maintaining our basic fee-for-service delivery model. This is the basic premise behind single-payer national health insurance.

It is sad that so many people see red when they hear the term "single-payer." One imagines them conjuring up visions of rampant socialism, with all the epithets inherent in that moniker: massive governmental bureaucracy, indiscriminate rationing, crushing tax burden, long waits for care, incompetent graft-prone civil servants.

But I would like to think that reasonable people would look beyond the inflammatory rhetoric that disparages single-payer, and at least consider the potential salutary benefits.

Consider first the enormous administrative costs inherent in our current pluralistic "system," one that is dominated by 1,200 private health insurers. These costs use up money that is detoured from acute and preventive medical care. We spend about 31 cents of every health care dollar on administration; Canada, with its single-payer system, spends just 17 cents. Each year, we pay more and seemingly get less, as the insurance companies attempt to restrict access and impose upon employees more restrictive cost-sharing arrangements while collecting higher profits. Employers are scaling back their employee health insurance coverage, with the result that more people are being priced out of the insurance market. And the inability to pay medical bills is responsible for about half of the personal bankruptcies filed each year in the U.S.

Single-payer is not "socialized medicine," a term that is reserved for a system where the government owns the hospitals and the physicians are civil servants. Rather, a single-payer arrangement combines a private health care delivery system with public financing and puts everyone in a common risk pool. It reduces administrative inefficiencies and severs the link between employment and health care, making health insurance truly portable.

Single-payer would lead to a reduction in out-of-pocket expenses by reducing deductibles, co-payments and co-insurance. It would give you the freedom to select your own doctor and hospital, without first obtaining "preauthorization" by your current managed care plan. It would reduce health care disparities between Caucasians and under-represented minorities. And it would nurture free enterprise by ending the struggle of American companies to keep up with escalating health care costs, which makes them less competitive in a global market.

An analogy to single-payer is public education: we use federal and state tax dollars to finance K-12 education for every child regardless of parental income or job status (i.e., no means testing). If you switch jobs without moving out of the district, you don't have to pull Johnny out of his third-grade classroom and transfer him to another school. If you lose your job, the school district does not deny Johnny an education. Parents have every right to eschew public schools and enroll their children in a private school of their choosing, financed by their own resources. And finally, the state Board of Education does not tell individual teachers how to grade the math test or what color chalk to use.

Single-payer would consolidate administrative functions, simplify billing, streamline claims management for patients and providers, and reduce costs. The Government Accountability Office has estimated that administrative savings from a single-payer system would be in excess of $200 billion annually, more than enough to cover those who are presently uninsured. Of course, a modest increase in payroll taxes would pay for it, but at the same time, individual households would be spared the average $11,500 in annual insurance premiums they are now paying for health insurance, an amount that is increasing by roughly 8 percent to 10 percent per year.

When people think of single-payer, they often think of Canada. Canada does not have a perfect health care system - no country does. Many of the problems in Canada, such as long waits and restricted access to the latest technology, have more to do with chronic under-funding by federal tax dollars, at least by American standards, than the structure of Canada's health care system per se.

On a per-capita basis, the U.S. spent about $7,092 per person in 2005; Canada spent roughly 55 percent of that.

It would be reasonable to assume that if we pumped our per-capita expenditures into a Canadian-style system, we might not have the problems that our northern neighbors have.

Given finite resources, rationing in one form or another is inherent in any health care system. However, regardless of its flaws, the Canadian system generally allocates care according to medical need, rather than patient socioeconomic status. Over 80 percent of Canadians receive elective surgery within three months, and there is no evidence that Canadians are wait-listed for emergency surgeries. We don't see busloads of Canadians crossing the border into Michigan every day to get expedited MRIs, nor is there evidence of a mass immigration of Canadian physicians into the U.S.

Also, polls have shown that Canadians are generally pleased with their system and an overwhelming majority of those asked would not want to replace it with American-style medicine.

Finally, to those who think single payer would never work in the U.S., consider this: the most popular health insurance program in the U.S., based on patient surveys, is a single-payer, government-run, tax-financed, administratively lean, non-means-tested, universal access program. Perhaps you've heard of it: Medicare. With administrative expenses of only 3 percent of annual receipts (versus 18 percent or more for some for-profit HMOs), Medicare is economically efficient.

When it was created 42 years ago, Medicare was castigated by the American Medical Association as a program of "socialized medicine" that would impede the doctor-patient relationship, destroy American health care and undermine democracy. Yet within a few years of its birth, it was a big hit with patients because it guaranteed access to hospital and medical services, while doctors (and hospitals) loved it because it guaranteed payment.

We can do better in American health care, and we should. It is time to seriously consider advocating for single-payer health insurance.

About the writer: James C. Mitchiner, an Ann Arbor resident, is an emergency physician at St. Joseph Mercy Hospital in Ann Arbor and president-elect of the Washtenaw County Medical Society.

WSU PA Students Put Their Hearts Into Detroit

By Erika Slating, PA-S
WSU 2009 MAPA Representative

Two semesters into their PA education, the Class of 2009 is working hard to uphold the program's mission statement, serving the underserved.

The summer brought opportunities for students to volunteer at a free local medical facility, The Cass Health Care Clinic, in Detroit. In addition, the class recently received a monetary grant of $1000 to give needed assistance to the clinic.

In October, the students put on a Health Fair along with the WSU PA Class of 2008, which was held at the Children's Center of Detroit. The fair promoted community education including disease prevention, health maintenance, exercise, and nutrition. Many of the students were also able to attend the MAPA Fall Conference in Traverse City. It was a great opportunity for the students to meet practicing physician assistants and learn about current, pertinent issues in the PA profession.

Currently, the students are involved in patient education and health screening through Walgreen's along with the University of Michigan Pharmacy students.

For the holiday season, the Class of 2009 will sponsor a family or local community center in the Detroit area through donations. Also, by means of fundraising, the students plan on participating in the "Get on the Bus" campaign, which is supported by WJR, Fox 2 Detroit, and Goodwill Industries. This program helps Detroit residents receive free public transportation to allow them to get to work and help them gain economic independence.

The remainder of the Class of 2009's first year will be spent on working closely with AAPA and participating in the National PA Health Literacy Campaign. The students will be reading to elementary school children and will provide health literature to kids in the Detroit area.

Overall, along with the arduous didactic first year, the WSU PA Class of 2009 has made great strides in helping the local community of Detroit and providing leadership for PA classes to come.

The University of Michigan Wants to be First with Patient Safety and PAs

By Karl Wagner, PA-C

The University of Michigan Health System has developed a Chief Physician Assistant position in the Office of Clinical Affairs. Through the efforts of Chief of Staff Dr. Darrell Campbell and Administrative Director Heather Wurster, RN, MPH, and others, this center of learning and healing is proactively refining the utilization and training of PAs in the health system. The job duties of the Chief PA encompass all aspects of PA practice, training, and utilization in the health system. The scope of this office is to be the liaison between the administration/ faculty and UMHS Physician Assistants. The Chief PA will be involved with recruiting, credentialing and defining the classification of PAs within the health system. He will oversee expansion of patient safety initiatives that can be better accomplished through the involvement of PAs. Reimbursement, Compliance and Education are concerns most health systems are addressing throughout the country. He will have 20 to 25% of his time spent in clinical activities.

Marc J. Moote, M.S., P.A.-C

I would like to introduce this individual to all who may not know him. I worked with him a few years ago when he was in the Providence Hospital System. He has had a long-standing interest in patient safety issues and he has implemented changes in patient care initiatives in order to reduce complications of perioperative DVT and perioperative MI.

Marc J. Moote, MS, PA-C is a graduate of University of Detroit Mercy Physician Assistant Program. He is now Chief Physician Assistant for the University of Michigan Health System. He has a clinical appointment with the Multidisciplinary Liver Tumor Clinic. This appointment follows an administrative staff role as lead physician assistant in U-M General Surgery, and past experience in William Beaumont Surgical Services and Providence Family Care. He is board certified by the National Commission of Certification of Physician Assistants. Professional affiliations include the American Academy of Physician Assistants and the Michigan Academy of Physician Assistants.

CMU Helps Out

Central Michigan University physician assistant students are getting out into the community to heighten the awareness of the PA profession and help improve the health of the citizens in their local community. During PA week, students initiated a blood pressure screening at CMU. The students screened about 150 local citizens and helped to educate and make referrals to those in need.

CMU PA student, Katelyn Saltarelli providing varicella vaccine to local citizen.

Similarly, during the month of November students staffed six influenza vaccine clinics in conjunction with the Isabella county health department. This was a great opportunity for the students to get into the community to provide preventative medicine.

The students are also currently working with the Chippewa District Library in Mount Pleasant to initiate a health literacy program to support the national goal of improving health literacy in children. The process has been ongoing but it looks like the program will begin in January with students volunteering a few hours of their time bimonthly to read to children.

MAPA's New Strategic Plan: New Priorities

On September 15th MAPA's Board of Directors met in an all-day session to hammer out a new strategic plan. The board revisited the prior strategic plans, noting our progress through the past years, and using this information as a jumping-off point for creating a new plan of action. Many agreed that MAPA has seen much progress in the past decade in forming a healthy organization for its members and creating a practice environment that is equaled by few other states. What resulted is a commitment to continue our efforts to grow our organization's infrastructure, provide value to our members and offer quality education opportunities at our conferences, but it was also felt that MAPA should do more to foster new relationships with our peers, integrate new technologies, reach out to PA students as new members, and educate the public on the value of a PA.

Some of the key points in the plan are the following:

1. Investigate the feasibility of a web-based interactive member directory. This would allow real-time access to a MAPA member to keep their address up-to-date so they can continue to receive newsletters and communications from MAPA.

2. Improve tracking and integration of PA students. MAPA will be researching ways to make the transition from student member to becoming a MAPA member more efficient and successful.

3. Develop and recruit MAPA leaders. MAPA is always looking for new people to be a part of the key committees and gain the experience to become committee chairs and officers. This is a very important part of a healthy organization that needs new ideas and leaders.

4. Assure financial stability and create an independently run organization. These two goals are key to the success of an organization…creating the long-term financial security that will allow MAPA to form an independent organization. Currently, MAPA contracts with outside sources to provide the services necessary for the day-to-day operations. Looking down the road, as MAPA continues to be successful and permanently secures its financial security, the board envisions internalizing its resources by hiring its own staff and having its own building in Lansing.

5. Improve MAPA / PA Public Relations. Another important part of MAPA's success is its image and reputation among peers, the public and its own members. A Task Force is presently being assembled to look at ways to improve our awareness in these areas and to look at hiring a PR firm to help us in this endeavor.

6. Facilitate MAPA participation with other state professional organizations on issues of health in the state. In an effort to maximize MAPA's effectiveness and standing within the health care community, it's crucial that the Academy forge relationships with physician societies and other health care groups to coordinate efforts on healthy lifestyle campaigns, legislation, and other health policy issues.

7. PAs in the state will be fully reimbursed for all work. Although PAs are not reimbursed directly for their services, proper reimbursement to employers is critical to the success of the profession in a competitive market. MAPA's goal is to ensure that PAs in the state will be fully reimbursed for all work…a key part of this plan is to set regular meetings with third-party payers. Additionally, MAPA will focus on reimbursement education for its members and office staff.

8. Ensure that PA practice in the state is not limited by legislation. In view of an upcoming physician shortage, it's important that the physician/PA team model is kept intact. There is a concern that other health care professions will be looking for scope-of-practice changes to fill the vacuum left by fewer physicians. It is imperative that MAPA keep vigilante in this environment.

9. Continue to be the resource for CME for PAs in the state and provide regional members the ability for local category 1 CME. MAPA has done exceptionally well at providing a quality CME program for its members. However, with increasing availability of CME from other sources, it's imperative that MAPA stay ahead of the game by looking for additional ways to be of service to the membership by researching topics that continue to be valuable and venues that are attractive and convenient.

10. Increase number of PAs in state who are members of MAPA. When dealing with the legislature or working with physician societies, the number of members an association has is directly related to the group's perception, reputation and success. If a legislator knows that an association only represents less than half of the professional's licensees, their perception of that organization is that it is ineffective or fragmented…and therefore wields less power to negotiate on an issue. Since the current membership percentage falls slightly less than 50%, MAPA's goal is to increase the percentage of licensees who are members of the Academy to 50% or more.

These are a few of the key goals that MAPA is committed to over the next three years. If you would like to see the entire strategic plan chart, please visit our website.

Coming to a city near you!

- **2008 Spring Professional Issues Symposium is April 12, 2008 at the Somerset Inn in Troy**
- **Legislative Day 08' in Lansing at Capitol**

Check out our website for upcoming details at www.michiganpa.org

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120 W. Saginaw
East Lansing, MI 48823
Toll Free: 1-877-937-6272
Fax: 517-336-5797
Email: mapa@michiganpa.org
Website: www.michiganpa.org

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