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Second Quarter, June 2008

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MAPA Works to Clarify Hospital Issue

Blue Cross Will Now Pay for Hospital Employed PA Services

By Daniel F. Ladd, PA-C, DFAAPA

In February, Blue Cross Blue Shield of Michigan (BCBSM) published an article stating that services provided by physician assistants employed by a hospital were not separately reimbursable. Their rationale was that a PA's salary and other personnel costs were already included in the Participating Hospital Agreement that each hospital has with Blue Cross and that the agreement allowed the hospital to receive a higher DRG payment structure.

In years past, Medicare, too, allowed a hospital the option of including a PA's salary into its Cost Reports or billing separately for the services they provide. Since 1998, CMS no longer allows for this inclusion and insists that Medicare Part B be billed for the services provided.

Blue Cross reported that they were concerned about "double dipping" and did not want to allow a hospital that employs PAs the fee for service reimbursement. Thanks to the experience of Ron Nelson, President of Health Services Associates, Inc. (a consulting company expert at PA issues) and the persistence of MAPA President, Jim Kilmark, Blue Cross now realizes that there are many hospitals that do not include PAs in their cost reports and they have clarified their position on this issue.

According to Marsha Hayes, Medical Affairs, and Reimbursement & Billing Policy at BCBSM:

"…if the PA's salary is NOT included in the hospital's operating expenses, PA-rendered services are reimbursable. In which case he/she (the PA) must register with BCBSM and follow the existing published criteria and billing guidelines for direct and indirect billing."

MAPA strongly believes that the legitimate services that PAs provide as delegated by their supervising physician must be reimbursed. We accept that if a hospital truly reports these costs (and DRG payments are increased) then no additional billing could be submitted. However, if there is no such reporting then a bill must be submitted...the care provided cannot be free or un-reimbursed.

Please discuss this issue with your hospital administrators and inform them of this policy change.

For additional information on the BCBSM issue, see special tear-out booklet inside after page 10.

CMU Update

CMU 5K is a Success

In April, the class of 2009 hosted a 5K to benefit the Hospice House of Mount Pleasant. The class would like to thank everyone for their support and participation. The run was a success and the students were able to earn over $1,400.00 dollars to donate to the Hospice House. They hope to make this an annual event for the program.

In addition, over the past few months Central students continue to stay very active and are experiencing current or upcoming transitions in their education. In May, the class of 2010 started their first year of PA school. Meanwhile, the second year students are completing their last semester before starting rotations and the third year students are anxiously awaiting graduation in August. Furthermore, a few students attended Legislative Day in Lansing and a handful more will attend the national conference in San Antonio. A small number of students will also be volunteering at the 2008 Summer Special Olympics hosted by CMU.

WMU Update

This past April students and faculty from the Physician Assistant Department participated in the American Cancer Society Relay for Life event held on the campus of Western Michigan University. The 'PA Powerhouse' team, lead by co-captains Katie Johnson and Misty Miller, raised just under $11,000 to help find a cure to cancer. This total far surpassed the class goal of $6,000 and added a significant amount to the total event goal of $60,000. Special thanks go out to Kohl's Department Store for providing a financial contribution and stuffed animals to pass out to the children at the Relay. Additional thanks to Save-A-Lot Food Center for donating food and drinks for the team members. A BIG thank you to everyone who made a donation and participated in this event!

Some members of the 'PA Powerhouse' at the Relay for Life event.

This past April members of the Class of 2009 also helped with Head Start school physicals for Kalamazoo County. The class was able to gain valuable skills in working with younger children and to further develop our physical evaluation process by performing over 200 physicals!

Ten members of the Class of 2008 and 2009 attended the AAPA National Conference in San Antonio, TX May 23-27. The participants were pleased to represent Western Michigan University at the conference and participating in the National Medical Challenge Bowl.

Reflections of a New Graduate

Christine Oldenburg-McGee, PA-C
WSU Class of 2008 MAPA Representative

Two years ago, my classmates and I settled into our seats for our first lecture to hear the words 'Welcome Class of 2008!' Seeing as it was May 8, 2006 and we were just starting our adventure into the abyss of medical knowledge, 2008 sure seemed like a long way off. Like the proverbial blink of an eye, two years have passed and on May 10th, 2008, our eyes swelled with tears as we heard 'Congratulations Class of 2008'!

Reflecting back on what we have learned and what we will take with us is in this new career is exactly what each one of my classmates is feverishly doing right now as we prepare to take our National Board Exam. However, there is much, much more than just diagnoses and procedures that we picked up along the way.

"Rachel Powell (WSU PA 2008) and Kevin Geltz (WSU Clinical Clinical Coordinator) perform a physical for a local athlete. WSU PA Second Year students annually perform per-participation exams for approximately 400 Detroit area Special Olympic athletes."

We started out with an instructor telling us (actually, it was more like warning us) that our thirst for knowledge would be fulfilled not by sipping, but by placing a fire hose in our mouth and turning it on. Of course, he was right. The first few months were a blur. But, by the time fall semester arrived, we knew what we had to do. And sleep was not on the list. We learned the physical exams-- ah yes, the memorizations and countless hours of practicing on our significant others. True, my husband is now most likely a hypochondriac, but I passed.

As our first year ended, the home stretch became a possibility, clinical rotations would allow us to wear white coats, wow this was the big league. I was quickly put back in my place when I walked into a patient's room on my first rotation to hear the patient say 'Oh no, another short coat!' I immediately looked down thinking 'why did I put this in the dryer'. Then I realized, it was true, I am still just a student. We were tricked. We might as well wear bright orange coats with black letters spelling out WARNING STUDENT PA. But, the best was yet to come. I was a student with a firm knowledge base and now it would all come together! After 12 months of rotations, the two most important tools I used to treat patients did not come out of any medical textbook. I learned just how far you get when you treat your patients with Respect and Dignity. True, I was another short coat, but I smiled a lot and looked the patient directly in the eyes when we talked. It is amazing how easy everyone's job becomes when respect and dignity are kept in the forefront and never forgotten. Several months later I learned the story of how one of our classmates performed a rectal exam--on the wrong patient. Now I fully understood why patients would pull their sheets up close to their neck and cry out 'Oh no, another short coat!'

Last weekend, I walked across the stage in full view of family and friends (classmates are included in this category) and received my long coat. Wow! What am I going to do with this gift? The journey continues…

MAPA's Legislative Day '08 in Lansing was a big success!

Thanks to everyone who participated.

MAPA Regional Events

Region 1 Events: Jan Ryan-Berg, PA-C

Region 6: The 17th Annual Komen Detroit Race for the Cure is a success!

About 30,000 people gathered at Comerica Park on Saturday, May 31 to walk and run to raise more than $2 million for breast cancer research and treatment. Team MAPA and Team UDM were there.

Thanks to MAPA team captain, Jenny Grunwald, team MAPA raised over $600 for the cause. Team UDM (captained by PA student Laura Wallace) raised over $800 on their fund raiser web site but also sold T-shirts for the race which will add to the total contributed. The shirts also made the story in the Detroit Free Press Sunday on the event.

Both students and MAPA team members pledged to be back next year with bigger teams and higher fund raising goals.

A Physician Assistant in the House of Delegates

For a number of years now I have been to the House of Delegates at the AAPA, lately as the Chief Delegate. Last week the House was in San Antonio, by recent standards a smaller roster with quick decisions.

The most common questions from my fellow PA's is "What do they do?" and "Why not get CME?" So I will try to address the reasons and answers here. Firstly, the House is the governing body of the AAPA with liaisons to NCCPA, AMA, AOA, and other bodies. All of the larger medical societies have some form of House of Delegates that creates policy for the group. Each constituent organization, caucus or other affiliated group gets so many seats; that equate into a number of votes. Our House seats are regulated by the number of AAPA members in the state – therefore Michigan has seven seats equaling seven votes. This number puts Michigan in the Large category, just to give perspective.

Any constituent organization, committee, or caucus can petition the House for policy change, bylaw change or new policy/bylaws by submitting a "resolution" worded appropriately and with a discussion of feasibility and financial ramifications. Once submitted the Committee most involved with the resolution's idea would provide a review of feasibility and assistance bringing the resolution to the House.

Once to the House resolutions are reviewed with time given to "pro" and "con" testimony from any of the delegation – there are over 200 delegates on the floor at any one time. Once testimony has been heard and reviewed by the appropriate Committee – a suggestion to accept or reject the resolution is made. The entire House then votes on the suggestion, if accepted the resolution can still be amended and changed. A resolution may not be rejected outright but may be referred to another Committee or appropriate group for re wording, further research, or evaluation; it will then be re-presented at the next year's House of Delegates.

SOUNDS BORING!

Well, my first year I did wonder what I was in for, but the House is also the place to realize what a profession and legacy Physician Assistant's have. The military organizations are all in their dress uniforms, a full color guard posts the Flag daily. Memorial Day occurs on the last day of the House – a presentation devoted to PA's in the military brings thoughts of our roots as medics. The PA History organization is represented and reports on the activities of the library and quest for artifacts. Graying delegates who have served tell tales from the birth of the profession. Twenty year veterans mingle with the recently graduated – sharing the floor, debate, and voting. Presidents of the AMA, AOA, Family Practice Physician Associations speak to the power of the Physcian-PA Team. Lastly, the Student House reports with such enthusiasm that the future of the profession is ensured.

During the proceedings of the House, attention to the details of health care, patient-provider relationships, health disparities, economic hardship of both the patient and provider are taken into account when discussing policy. Above all else the House wants to have fair, straightforward, inclusive policy.

Is the House Political? Of course it is – making policy is innately political; a group's bylaws and policies cannot ostracize any group, must not overstep the hierarchy of that body in relation ship to other organizations ie AMA, AOA; nor jeopardize state and federal laws.

The AAPA Political Action Committee (PAC) raises thousands of dollars to influence Washington policy. This body reports to the House and encourages donations during the annual House meeting. Michigan has its own Political Action Committee for Lansing influence – it is in dire need of dollars.

The House is also a great learning experience and leadership ladder. From starting as a alternate delegate to sitting on a committee experiences are open to any AAPA member in good standing for the price of a few hours and putting one's name up for election. Other commitments may take more intense time and travel. Traditionally, the AAPA president has honed his/her leadership skills participating in the House at various levels.

For the price of reading and evaluating policy and resolutions, time in a chair on the floor, and discussing then voting the issues one can earn 18 category II CME as a delegate. Currently the AAPA offers free registration

to those who only participate in the House – no lectures, exhibit hall, etc.

Consider the House of Delegates to broaden leadership roles, return to the roots of the profession, break the monotony of clinical issues, and to broaden a network base. Michigan takes nine persons – seven delegates with two alternates to each AAPA. Every year's elections seat the next year's delegation. I encourage every PA to review the issues on the AAPA website – under members only – HOD – to know how they and their patients may be affected by changes/revisions. The AAPA Policy Manual may also be reviewed online to familiarize yourself with practice and professional policy.

Every PA is welcome to sit at the back of the House and observe the proceedings. The Michigan delegation welcomes all comments and concerns about resolutions, policy, and practice guidelines via phone, fax or e-mail (michiganpa.org)

Respectfully submitted,

Donna Hines, PA-C

It is with sadness that we acknowledge the passing of Mickie Heindenreich, PA-C

Mickie Heidenreich, a long time member of MAPA, and the AAPA died March 18th, after a short, but courageous battle against Cancer. Mickie died peacefully, in the arms of family and friends, in her home, in White Lake, Township. Mickie moved to Michigan, from Castle Shannon, PA, many years ago. Ms. Heidenreich was a decorated veteran, who served 12 years in the U.S. Air Force. After her military career, she went on to become a Physician Assistant. She got her under graduate degree from Sienna College, and a Masters Degree, in Science and Psychiatry, from the University of Nebraska. She became a successful business woman, starting her own health care company, RD Senior Care Services. She was a terrific P.A.

Ms. Heidenreich was a member of the AAPA, for over 25 years. She was a member of the Caduceus Caucus, and Addiction Medicine Caucus, of the AAPA. She was an avid sportsperson. She loved fishing, golf, the Pittsburgh Steelers, Detroit Shock, and Michigan Football. Mickie is survived by her partner, Brenda Lee Mager, of White Lake, her mother, Mary Heidenreich, of Pittsburgh, PA. Mickie had 3 brothers, one, David, preceded her, in death. Mickie was an inspiration to many. She lived her life, One Day at a Time. She was a true friend, who helped many along her life's path. Mickie was a caring, compassionate human being, and we will miss her smile, and her laugh.

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PAs ordering home healthcare, hospice, skilled nursing facility care and providing hospice care to Medicare Patients.....

As you may be aware Medicare does not allow PAs to order home health, hospice, and skilled nursing facility care or provide hospice care to their Medicare patients. While a bill to this effect has been introduced in the United States House of Representatives, no companion legislation has been introduced in the United States Senate. However, AAPA has been working very closely with Senators on the Finance committee, and have had indication that the Committee may try to include some of these provisions in an upcoming bill to postpone the anticipated Medicare physician pay cut.

A broad rural health bill (S. 2768) was introduced by Sen. Charles Grassley (R-IA) recently that included language to allow PAs to order post-hospital extended care services, as well as to provide hospice care, for their Medicare patients. AAPA has been told by staff that it is possible the language pertaining to PAs from Sen. Grassley's rural health bill could be included in the physician pay cut legislation.

AAPA has been working hard to push this through and Kristin Butterfield, Assistant Director of AAPA Federal Affairs requested that the Michigan Academy of Physician Assistants President, James Kilmark, PA-C contact Senator Stabenow asking her to support inclusion of the PA provisions in the Medicare bill. Senator Stabenow is a member of the Senate Finance Committee which is hammering out the Medicare bill.

Constituent of the American Academy of Physician Assistants

The Honorable Debbie Stabenow
United States Senate
Washington, DC 20510

Dear Sen. Stabenow,

On behalf of the 2,000 clinically practicing physician assistants (PAs) in Michigan who provided 10.4 million patient visits in 2007, I am writing to urge you to support changes to Medicare law that will greatly improve patients' access to care and continuity of care. Specifically, I am asking you to support the inclusion in the Medicare physician reimbursement fix provisions from Sen. Grassley's rural health bill (S. 2768) that would allow PAs to order post-hospital extended care services, as well as to provide hospice care, for their Medicare patients. The inclusion of these provisions will greatly enhance patient care, especially for rural Medicare patients, at a time when they are the most vulnerable.

The 1997 Balanced Budget Act (BBA) made it clear that medical services provided by PAs, as allowed by state law, are covered by Medicare in all settings at one uniform rate. Unfortunately, the former Health Care Financing Administration (and, now the Centers for Medicare and Medicaid Services) determined that the BBA's Medicare provisions on the coverage of services provided by PAs did not apply to the hospice and skilled nursing facility provisions.

We believe that patient care will be compromised until these Medicare problems are fixed. The inability of PAs to provide hospice care for their terminally ill Medicare patients places an unconscionable burden on the patient to find alternative care and denies patients access to their "medical home" at a time when they are the most vulnerable. These provisions would not change the current structure of the physician-PA relationship, nor expand PAs' scope of practice.

The Michigan Academy of Physician Assistants strongly urges you include in the Medicare physician reimbursement bill provisions to allow PAs to order post-hospital extended care services, as well as to provide hospice care, for their Medicare patients. Please help physician assistants in Michigan and across the country better serve Medicare beneficiaries.

I look forward to hearing from you.

Sincerely,

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

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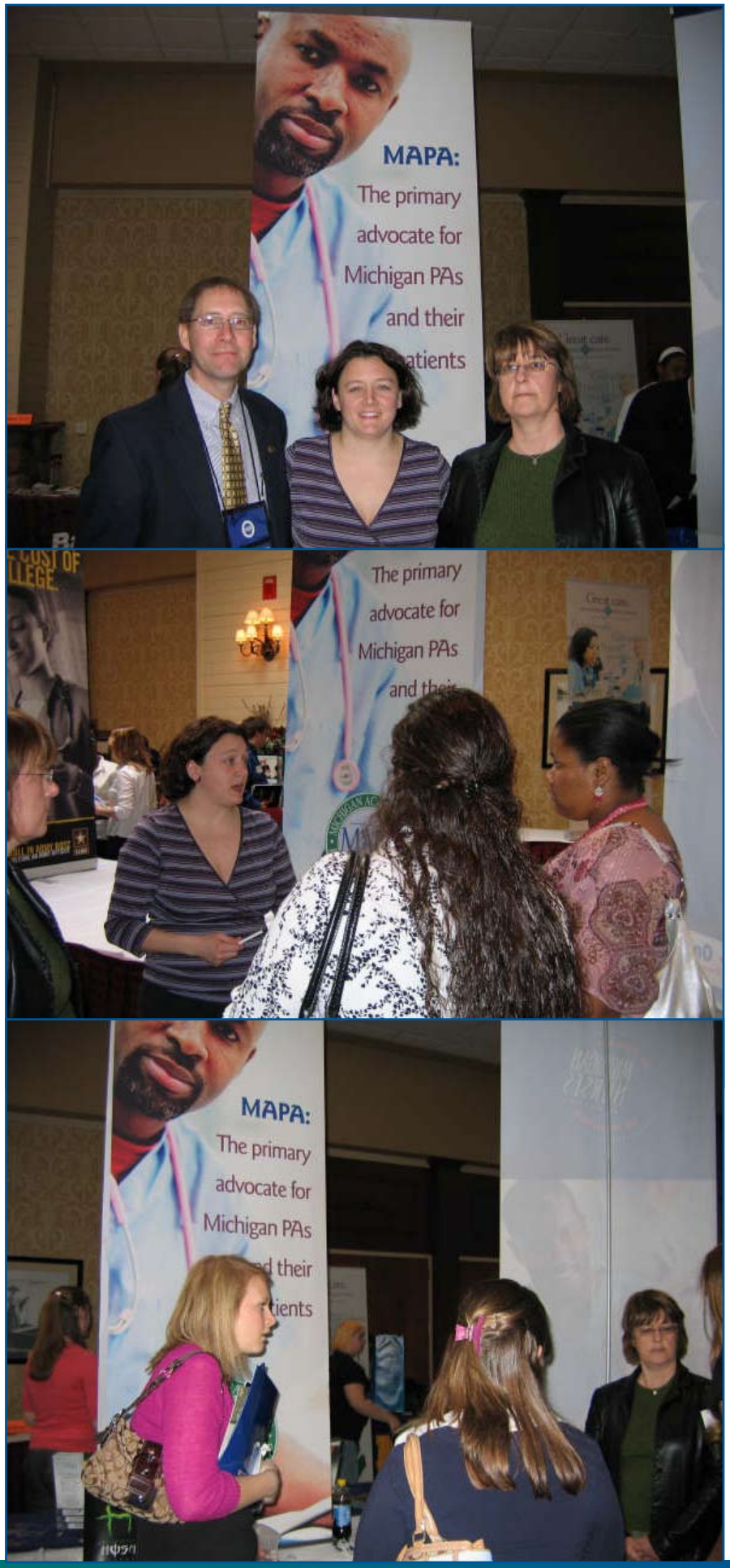
HOSA Meeting

MAPA recently attended the state meeting of the Health Occupations Students of America (HOSA) in Traverse City. MAPA leaders hosted an exhibit booth, and met with several students who are planning on attending PA school. Many more students were curious, and were not very familiar with our profession as a choice of career. Over 1100 students attended the two day event. The Michigan Chapter of HOSA hosts an annual state meeting where students learn Health Occupation skills, and then compete for a chance to attend the national conference on behalf of our state. MAPA leaders found this to be a wonderful experience, and had many very positive interactions with these future leaders.

Visit www.michiganhosa.org for more information.

Phil Schafer, PA-C



**** MAPA will represent the PA profession at this 2009 meeting.***

TEAR OUT BOOKLET

Physician/PA Team Practice Affected By New Blue Cross Billing Policies

Dear Michigan PA,

Enclosed are copies of the official Blue Cross Blue Shield of Michigan publication, *The Record*, pertaining to the new policy for billing services rendered by Nonphysician Practitioners (PAs/NPs and CNMs). Also included are some descriptive scenarios published by Blue Cross on their official website, "Web Denis."

There have been many questions from MAPA members regarding this new policy and we are striving to share this important information to you in a timely fashion.

We have provided copies of the initial policy announcement (January 2008) and the clarification (April 2008) for your review. Please note the change in "indirect" billing policy in the April clarification. **MAPA worked diligently on multiple levels to reduce the proposed restrictions on these types of services.** We were most concerned with the "present in the room" provision in the original policy and the lack of ability for an experienced Physician/PA Team to function by discussing cases after the visit.

We are happy to say that these concerns were considered and the policy was changed as is reflected in the April clarification.

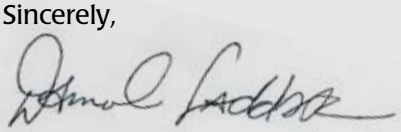
The attached billing scenarios may also be useful in guiding your practice in complying with this policy**. Please share this information with your supervising physician(s) and billing personnel.**

Remember, this policy says that your practice can receive 100% reimbursement for services you provide when that service is discussed with your supervising physician before or after the visit. Documentation of that discussion is made by the PA; physician cosignature is no longer needed. If you provide autonomous services that do not require discussion with your supervising physician your bill to Blue Cross will be "direct" and your practice will receive 85% reimbursement.

MAPA strongly believes that this policy is still too restrictive and goes beyond the provisions outlined in our excellent state law. We are working on an appeal process to again register our dissatisfaction with this Blue Cross policy.

Support MAPA! Help us keep Michigan PAs employed!

Sincerely,



Daniel F. Ladd, PA-C
Chair, Reimbursement Committee
Michigan Academy of Physician Assistants
dladdpa@charter.net

TEAR OUT BOOKLET

Physician assistant registration now under way; new billing guidelines take effect April 1

Physician assistants will be able to receive reimbursement indirectly from BCBSM for covered services within their scope of practice, beginning April 1.

We explained the change in the December 2007 *Record*, Page 14. Below are some important tips to remember.

Physician assistant registration

- If you employ or contract with physician assistants in your practice, they must register and receive their own BCBSM provider identification number in order for you to be eligible for reimbursement for covered services which the PAs independently provide within their scope of practice.
- Failure to do so will result in incorrect reimbursement of claims for services provided independently by your PAs and may be subject to recoveries.
- Physician assistants should register for a BCBSM PIN with a sponsoring physician who participates in all BCBSM networks. This will avoid out-of-network sanctioning for PPO plan members.
- Physician assistants who are employed by a group practice must complete an *Add to Group* form to ensure they are listed with BCBSM as part of the group under the sponsoring physician's program affiliation.
- To register with BCBSM and obtain an individual PA PIN or add the PA to a group, please visit **bcbsm.com/provider/enrollment** or call BCBSM's Provider Enrollment and Data Management department at 800-822-2761.
- Please notify Provider Enrollment and Data Management immediately of any changes to the physician assistant's registration profile.

Billing guidelines

Reimbursement for physician assistant-rendered services is effective for dates of service on or after April 1, 2008.

The physician assistant's license number **should be** included on these claims:

- Any service primarily performed by a physician assistant working autonomously without collaboration with the supervising physician
- Paper claims. Physician assistant-rendered services must be billed using the billing physician's or group's PIN with the physician assistant's license number noted in field 24J, rendering provider ID number.

Reimbursement for physician assistant-rendered services will be paid to the billing physician indicated on the claim and reimbursed at 85 percent of the Traditional maximum payment schedule regardless of the member's network.

The physician assistant's license number **should not** be included on these claims:

- Services that meet either of the following two criteria may be indirectly billed using **only the billing physician's PIN**.
  - Any service where the supervising physician is physically present in the room at any time during the service and delivers any component of the service
  - Services for which the supervising physician has provided specific clinical direction to the physician assistant prior to or during the service. This includes direction provided by the physician up to the end of the day following the service, if this direction results in further communication with the patient. Specific clinical direction does not include the application of general protocols or care pathways.

Reimbursement will be at the physician maximum payment schedule appropriate for the member's health plan, i.e. Traditional or PPO.

The involvement of the supervising physician establishing the basis for these services must be documented in the medical record.

CLARIFICATION

Policy for billing services rendered by nonphysician practitioners effective April 1

The following policy clarification for direct and indirect billing takes effect April 1 and applies to physician assistants and advanced practice nurses, including certified nurse practitioners and certified nurse midwives. The policy distinguishes between direct billing and indirect billing and defines when each should be used.

Direct billing refers to the billing of services under the provider identification number of the practitioner who performed the service. Report the PIN of the advanced practice nurse in field 24J, Rendering Provider ID #, on the CMS-1500 claim.

Bill services performed by a physician assistant by reporting the billing physician's or group's PIN in field 33b and the physician assistant's license number in field 24J on the CMS-1500.

Indirect billing describes billing for services rendered by the nonphysician practitioner under the PIN of the supervising or collaborative physician. Report the PIN of the billing physician in field 24J, Rendering Provider ID #, on the CMS-1500 claim. Do not include the physician assistant's license number or certified nurse practitioner on these claims.

Report services using the direct billing method unless any one of the following criteria for indirect billing is met:

- Any service where the physician delivers any component of the service
- Services for which the physician has provided specific clinical direction to the nonphysician practitioner prior to or during the service
- Services for which the PA or CNP has presented pertinent clinical findings and obtained approval of evaluation and management by the physician prior to the end of the day following the service

Specific clinical direction does not include the application of general protocols or care pathways. The involvement of the collaborative physician establishing the basis for indirect billing must be documented in the medical record. Payment for any service, whether billed directly or indirectly, is subject to the terms and conditions of the patient's coverage and the BCBSM provider agreement.

The physician fee schedule applies to claims billed under the indirect billing process. Services provided by nonphysician practitioners using the direct billing process will be paid at 85 percent of the Traditional fee schedule.

The following is reproduced with permission of Blue Cross/Blue Shield of Michigan

Scenarios for Direct/Indirect Billing

1. A certified nurse practitioner (CNP) or physician assistant (PA) sees a 35 year old female patient with a history of diabetes mellitus for 3 years. Patient is complaining of headache and fatigue for the past week. The patient is found to have a BP of 210/110. The CNP/PA does an exam and requests their supervising physician come into the exam room to do a quick assessment. The patient is evaluated by the physician and a decision to transport to the ER is made.

2. CNP/PA sees an established patient complaining of a pre-frontal headache and foul secretions from the sinuses for the last 2 days. The patient is examined and diagnosis of acute sinusitis is made. The CNP/PA calls his/her supervising physician who is rounding at the hospital and provides a brief description of the patient's condition and discusses appropriate antibiotic coverage. The CNP/PA and physician agree on appropriate therapy for the patient considering specific allergies.

3. CNP/PA sees a patient with a long standing history of congestive heart failure. An assessment is done of the patient and it's determined that the patient is adequately managed on their current drug and dietary regimen. The patient is given refills on their medications and given a follow up appointment for 12 weeks. The following morning the CNP/PA reviews the patient encounter with the supervising physician. The physician discusses and then agrees with the continued treatment regimen of the patient.

4. A CNP/PA sees a patient with a history of osteoarthritis of the knees who is well controlled on a generic NSAID. The patient is determined to be relatively comfortable with the current regimen and has no complications from the long standing use of the NSAID. Medications are continued and the patient is scheduled to return in 3 months.

5. A CNP/PA practicing in a rural clinic sees a patient with a history of hypothyroidism well controlled on levothyroid at 75 micrograms. The patient is interviewed and examined; a nodule is palpated on the right lobe of the thyroid which is new. The patient has no complaints. The CNP/PA calls a physician that covers the clinic but is approximately 50 miles away at the time. Arrangements are made for the patient to be seen by the physician that week prior to a diagnostic workup.

Key:

Criteria	**Scenario No.**
Face-to-face collaboration	1
Face-to-face or non-face-to-face collaboration	2, 5
Non-face-to-face collaboration	3
Does not meet criteria – Direct billing	4
Qualifies for indirect billing	1, 2, 3 & 5

The following is reproduced with permission of Blue Cross/Blue Shield of Michigan

Physician Assistant and Certified Nurse Practitioner billing illustrations

To help you better understand billing practices that are consistent with the new BCBSM policies for direct and indirect billing, we have developed the information below that includes sample situations and resolutions.

You can find the exact wording of the policy in the April 2008 issue of *The Record*.

The key to understanding the BCBSM billing policy is recognizing that physician involvement in the service must be:

- Specific to that service (not general guidelines for managing the condition)
- Performed prior to the end of the day following the service and
- Documented in the medical record

Illustrations from the fictional Dr. Smith and her collaborative PA and CNP:

- The PA sees a patient with urinary symptoms, orders a urinalysis, diagnoses a urinary infection, and prescribes an antibiotic. At the end of the day the PA telephones the physician and presents the information to the physician who says, "I agree." The PA documents, "Case discussed with Dr. Smith." **Meets criteria for indirect billing.**

- The PA sees a patient with urinary symptoms, orders a urinalysis, diagnoses a urinary infection, and prescribes an antibiotic according to a guideline approved by Dr. Smith, but does not discuss the specific encounter with Dr. Smith. **Does not meet criteria for indirect billing, because the guidance was general and not specific to the encounter.**

- The CNP sees a 12 month-old infant for a well-baby visit. The child is well but has an oral temperature of 99.6^{o} F. The CNP checks with Dr. Smith if it is okay to administer the recommended schedule of immunizations. Dr. Smith nods, "yes." The CNP documents, "Dr. Smith approves immunizations." **Meets criteria for indirect billing.**

- The CNP sees a 12 month-old infant for well-baby visit. The child is well but has an oral temperature of 99.6^{o} F. The CNP refers to the guideline approved by Dr. Smith that specifies that immunizations should not be withheld because the patient has a fever. **Does not meet criteria for indirect billing, because the guidance was general and not specific to the encounter.**

- The CNP sees a 12 month-old infant for well-baby visit. The child is well and there are no outstanding issues. At the end of the clinic session, the CNP reviews the patient list with the collaborative physician reporting that the visit was routine. **Does not meet criteria for indirect billing because no guidance was necessary and none was given.**

The following is reproduced with permission of Blue Cross/Blue Shield of Michigan

- After seeing patients throughout the day, the PA telephones the collaborative physician to review and discuss all cases. The PA presents sufficient clinical information for Dr. Smith to provide guidance. The physician agrees with the treatments and/or recommends other treatment options. In each record the PA documents, "Case discussed with Dr. Smith." **Meets criteria for indirect billing.**

- Before the PA sees patients for the day, Dr. Smith reviews the records and annotates the schedule with suggestions for each patients, such as "Patient has been gaining weight, discuss lifestyle," and patient has had two high BP measurements, "if it is high again today start medication." The PA notes "lifestyle and weight management discussed as per Dr. Smith" and "anti-hypertensive started per Dr. Smith." **These examples meet criteria for indirect billing because specific direction for the encounters were given and documented. Reviewing the record in advance of care does not, by itself, meet criteria for indirect billing.**

Note that the documentation of physician involvement does not need to be lengthy or detailed, but it does need to connect physician guidance with the specific encounter. A simple "card flip" or "roll call" that does not include enough information to support guidance from the physician does not represent sufficient involvement by the collaborative physician.

It is **not** necessary for the physician to document his or her involvement and the physician does not need to sign or initial the note.

The following is reproduced from *The Record*, June 2008 with permission of Blue Cross/Blue Shield of Michigan

Physician assistant, certified nurse practitioner services no payable for some auto group members

Physician assistant-rendered services are a benefit for most BCBSM groups, but are not payable for some auto group members.

In the April 2008 *Record,* we gave you information about billing for physician assistant-rendered services with dates of service on or after April 1, 2008, and explained PAs are not a payable provider type for some auto members.

Historically, all auto groups excluded certified nurse practitioners and physician assistants as payable provider types. Currently, CNP and PA-rendered services continue to be excluded – and claims will rejected – for some auto members, as noted in the chart on the following page.

Group name	Group numbers	Members excluded
Ford hourly	87960 87961 87971 87973	Retirees, surviving spouses of retirees, sponsored dependents of retirees and COBRA retirees
Ford salaried (only until June 1, 2008)	872XX	All
GM hourly	83100 83200 83500	Non-UAW active employees, retirees, surviving spouses of retirees, COBRA non-UAW union employees
Delphi hourly	72100 72200 72500 72137 72538 72523 72524	All
Chrysler & GEMA (hourly & salaried)	82300 82500	Retirees, surviving spouses of retirees
Chrysler Financial (salaried)	82210 82200	Retirees, surviving spouses of retirees
Continental (formerly Siemens) hourly & salaried	72536	Retirees, surviving spouses of retirees

Note: This applies to both Medicare and non-Medicare retirees and surviving spouses.

Information regarding the effective date for those auto groups that recognize certified nurse practitioners and physician assistants as payable provider types was published in the *Record* as follows:

General Motors – January 2008, Page 36

Ford – March 2008, Page 50

Chrysler – March 2008, Page 46

This benefit change to recognize CNP and PA services does not impact technical surgical assistance reimbursement for these groups, which was effective Jan. 1, 2007.

The following question was posed by MAPA in order to clarify the auto reimbursement issue.

MAPA Question to BCBSM:

"This June 2008 Record article reports the specific policies that currently do not allow for reimbursement for physician services provided by a PA (or NP)."
"Is there ongoing or planned discussion with these bargaining units to include PAs for reimbursement? Remember, including PAs as an approved provider could reduce the wait time to see a provider and improve the efficiency of most office practices."

BCBSM Answer to MAPA

"BCBSM is in constant talks with our auto customers to encourage them to adopt this new policy. They are aware of the positive impacts of adopting this policy but at this time no agreement for change on for the groups listed."

TEAR OUT BOOKLET

We hope this information has been helpful. Please share this booklet with your hospital administrators and supervising physicians and inform them of this policy change. If you have any other questions, please contact the MAPA office at 877-YES-MAPA or by email to mapa@michiganpa.org

Michigan Academy of Physician Assistants
120 West Saginaw St.
East Lansing, MI 48823

TEAR OUT BOOKLET

Meeting the PAMPAC Challenge

The Physician Assistants of Michigan Political Action Committee (PAMPAC) initiated a challenge to physician assistants in Michigan several months ago. We are buoyed by the enthusiastic support that we have received so far but we still have a long ways to go. We ask those of you who have not donated to consider donating. We are challenging all of the PAs in the State of Michigan to donate at least the equivalent of one hour of your salary each year to PAMPAC. Times are tight but in April of 2008 our profession was recently named as one of the top ten (we were # 5) professions to work in during an economic downturn by CNN Money Magazine.

We at PAMPAC and MAPA would like to thank the following individuals for their generous contribution to PAMPAC. Your checks are reported to the State of Michigan quarterly. We sincerely apologize if there were any delay in depositing your checks or if there are any errors in recognizing your name below. Sometimes there were 2 names on the check and it was difficult to read the signature.

It is through these generous donations that PAMPAC and the efforts of your volunteer MAPA Board and Committee Chairs that we can continue to preserve and protect your practice environment here in Michigan. Your donations to PAMPAC help elect legislators who are supportive, or open to learning about the importance of our profession in caring for Michigan Citizens.

As fellow PAs in Michigan please take a moment to thank the following PAs for taking the time to donate for the future of our profession and consider accepting the challenge by donating to PAMPAC.

If your name was inadvertently left off this list or you have any questions on any aspect of PAMAPC please do not hesitate to contact Ron X. Stavale PA-C rstavale@dmc.org or Mike DeGrow @ lobbyguy@mikedegrow.com or 517-485-8000

Mike Garrett, East Lansing	Allan Faust, Kalamazoo
Carrie Chislom, Manistique	Jim Kilmark, Belleville
Nancy Zuker, Mt. Pleasant	Daniel Lemon, Traverse City
Ron Stavale, Pleasant Ridge	Melissa Broeders, Republic
Jill Lebourdais, Bay City	Jenny Grunwald, Wyandotte
Paul Gualtiere, Lansing	Jodi McCollum, Deerton
Jason Evans, Romeo	Jessica Wilson, Kalamazoo
Bonita Gawol, Hillman	Jan Ryan Berg, Rapid River
Heather Burgess, Grand Ledge	Beth Belesky, Rochester Hills
Michael Johnson, Autrain	Suzanne York, Royal Oak,
Nancy Herk, L'Anse	Anthony Santini, Clare
Kelly Floriano, Alma	Rick Kedzierski, Bloomfield Township
	Dennis Marien, Royal Oak

To meet your challenge please send your checks to: (payable to PAMPAC)

PAMPAC c/o MAPA
120 West Saginaw St
East Lansing, MI 48823

Ethical Dilemmas: How to Resolve them Confidently

By Marcos A . Vargas, MSA, PA-C

Background

Adopting & implementing an effective Ethical problem-solving methodology is a very much needed skill-set that many may think they will never be required to exercise in their professional lives.

That very same mentality could spell professional disaster if you were not to have an established "blueprint" ready to use when discerning subtle career unethical demands trusted upon you by your employer or even working peers where to arise. Particularly nowadays, in a heightened regulatory work environment in which clinical decisions are constantly scrutinized under a legal backdrop.

Naturally, the *compromise severity level* of your personal and professional values system and *outcome stakes* will be proportionally challenged to the level of ethical transgression involved. Thus, knowing & having a clear understanding of a systematic approach will not only guide you on handling these embodied dreaded conflicts, but will also assist you in upholding ethics "golden rule": **Beneficence.** A fundamental tenet of ethics, a principle centered in the belief that an individual's action is rooted in non-evildoing behavior toward others. So, how does one steer away or dissent from morally wrong or unethical clinical decisions & behaviors trusted upon you in your day-to-day conflicting medical decision processes?

Applied Ethics

First, you must have an established systematic problem-solving approach based on a 7 set of questions. These will be the framework in which to ultimately obtain the conflict resolution desired based on your challenged value system. Moreover, you will enhance your ethical perspective and ultimately your decision making process. Here's the ethical resolution "template tool" to implement:

1. **Identify the Problem:**

To know if a conflict exist, you first must determine the root of the problem. Then you must define the dilemma you are being confronted with. Knowing exactly the source and magnitude of the problem will keep your perspective focused on the "real target".

2. **Identify Interrelated Potential involved Issues**

Second, much like clinical "risk-stratification" you must sort out other peripheral issues & rank in order of importance the pertinent issues. Perhaps, some of these may be of a lesser magnitude, however, you must still consider the " BIG PICTURE" when analyzing the conflict.

3. **Consider (all) Relevant Ethical Principles**

Third, remain centered on the "golden rule"— *Beneficence.* Your guiding principle in all professional actions, stemming from the fact that you are not doing your own thing, but rather doing the "right thing" for all involved parties.

4. **Know Relevant Laws and Regulations involved:**

Fourth, you must be familiar with the law(ie statutes, etc) as well as regulatory responsibilities not only to avoid moral recrimination, but legal breaches too.

5. **Obtain Consultation (if needed):**

Fifth, is permissible to seek assistance if unsure of the course of action you should take or if is beyond your ethical reasoning. While ethical dilemmas are personal, sometimes you may require a balanced or different perspective from an impartial source involved in the problem. However, be aware that the value system for this outside party may be different than yours.

6. **Consider Course(s) of Action:**

Sixth, you must develop "contingent" possible solutions, but only after objectively becoming aware of the facts surrounding or governing the situation. This will allow you some latitude in the event that one of your course(s) of action does not succeed or not feasible.

7. **Consider Course(s) of Action Ramifications:**

Seventh, before embarking on the selected choices, you must balance the risk-benefit ratio of the possible outcome. Only considering the positive implications of your decision can result in a less than favorable outcome if negative ramifications were not foreseen from the outset.

8. **Choose most Appropriate Course(s) of Action:**

Eight, having sequentially dissected the problem as outlined, brings you to this most important step of all. In this step, you are left with the emerged if not preferred solution by virtue of examining the moral dilemma from a contextually balanced perspective. Thus, rendering the application of this ethical decision-making approach easier to implement & make when facing incongruent clinical demands bordering in unlawful conduct at other times.

2008–2009 MAPA Election Results

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Immediate Past President
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Secretary
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Treasurer**
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Region 1 Representative
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Region 2 Representative will be announced at a later date

Region 3 Representative
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Region 4 Representative*
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Region 5 Representative
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Region 6 Representative*
Jenny Grunwald, PA-C
Email: jgrunwald@med.wayne.edu

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2008-2009 AAPA Delegates and Alternates May 23-28, 2009, San Diego Convention Center

Chief Delegate
Andrew Booth, PA-C

Delegates and Alternates will be announced at a later date.

Other Board and

★★★ Michigan SLRP Update★★★

1. **FY 2008 First-Come, First-Served Application Period Remains Open**
2. **New Recruitment and Retention Loan Repayment Contracts**
3. **FY 2009 Application Period Extended from 1 to 3 Months: April – June 2008**
4. **MSLRP Policy and Application Procedure Changes**

1. FY 2008 First-Come, First-Served Application Period Remains Open:

The Fiscal Year 2008 First-Come, First-Served Application Period remains open until all funds are committed. During this application period, providers with employers electing to make a 50% contribution toward their loan repayment contracts, may apply for a Sign-On Bonus Loan Repayment Contract or a Provider Retention Loan Repayment Contract. These contracts are similar to the more familiar Local Match Contracts, but have special features and benefits to help employers recruit and retain needed providers. These contracts are discussed in detail below.

2. New Recruitment and Retention Loan Repayment Contracts*:

Employers electing to make a 50% contribution toward their providers' loan repayment contract can now take advantage of the special benefits offered by the **Sign-On Bonus Loan Repayment** and **Provider Retention Loan Repayment Contracts** available during the FY 2008 First-Come, First-Served Application Period.

Sign-On Bonus Loan Repayment Contracts:
This powerful new **recruitment** tool is designed to help employers:

- Save on Recruitment Fees, and
- Gain a Recruitment Advantage.

While funds remain available, employers recruiting their next primary care medical, dental or mental health care provider, can ask their recruits if they'd prefer to receive just their taxable sign-on bonus, or receive **double** that amount (up to $50,000) in **tax-free** educational loan repayment.

What are the benefits of recruiting with Sign-On Bonus Loan Repayment Contracts?

Helps you recruit high-demand providers, while you save on recruitment fees
Doubles the amount of your sign-on bonus
Turns double your sign-on bonus into **tax-free** loan repayment for your recruits
Contracts are awarded on a first-come, first-served basis, until all funds are committed.
You receive expedited application review, eligibility determination and contract execution.
The MSLRP Analyst works along with you and your provider during the application process.
The MSLRP Analyst works with you to customize contract terms designed to meet your organization's recruitment needs.

- Contracts may start as soon as the first of the month following eligibility determination and employment.
- Flexible loan repayment amounts up to $50,000 for the first 2 years
- Flexible contract lengths, with re-contracting options up to 3 or 4 years
- Flexible provider payment schedules allowing providers to receive:
  - The full contract amount up front, to help you compete for recruits in competitive situations, or
  - Six-month installments, to help conserve cash flow.

Provider Retention Loan Repayment Contracts:
This contract is designed to help employers **retain** valuable primary care medical, dental or mental health care providers. It allows employers to **double** the amount of funds they are willing to commit to retaining a needed provider (up to $50,000), and turn it into **tax-free** educational loan repayment. Like Sign-On Bonus Contracts discussed above, Provider Retention Loan Repayment Contracts are part of the First-Come, First-Served Application Period and will continue to be awarded until all funds are committed.

The benefits of using Provider Retention Loan Repayment Contracts are similar to those listed above for Sign-On Bonus Loan Repayment Contracts, including: expedited application review, eligibility determination and contract execution; MSLRP Analyst assistance in the application process, and; customized contracts in terms of flexible loan repayment amounts, contract lengths and provider payment schedules.

How do you get started? Call **Ken Miller, MSLRP Analyst, at (517) 241-9946** for assistance in applying for a Sign-On Bonus or Provider Retention Loan Repayment Contract.

***Please Note**: Federal requirements do not allow MSLRP contracts to be used as a salary offset. Salaries for health professionals participating in the MSLRP must be based on prevailing rates in your area.

3. FY 2009 Annual Application Period Extended from 1 to 3 Months: April – June 2008:

The FY 2009 Annual Application Period will begin on April 1st and continue through June 30, 2008, for contracts beginning October 1, 2008**.** Application packages must be postmarked no earlier than April 1, 2008 and no later than June 30, 2008. During this period, providers may apply for Local Match Contracts, requiring a 50% employer contribution, or for Competitive Contracts, which currently require no employer contribution requirement.

This extended primary application period is expected to result in a significant increase in application volume and to reduce the likelihood of a second application period being offered in November or December 2008. As a result, providers intending to apply for a FY 2009 MSLRP contract should do so during the April – June 2008 Application Period.

Increased application volume will increase competition for Competitive Contracts. This means that non-priority applicants- non-priority providers working at non-priority practice sites- and their employers, should seriously consider applying for Local Match Contracts. Local Match Contracts require a 50% employer contribution, allowing employers to double the impact of their recruitment and retention dollars. A complete listing of priority providers and priority practice sites can be found on the MSLRP Website at: www.michigan.gov/mislrp, under the heading "SLRP Provider Selection Criteria". You will find more information on MSLRP contracts and the selection process under "SLRP Funding and Contracts" and "SLRP Selection Terms, Rules, & Process".

4. MSLRP Policy and Application Procedure Changes:
These policy and procedure changes are effective immediately and supersede any contradictory information found on the MSLRP Website.

Applicants may now include their relevant **undergraduate**, in addition to their graduate student loans, as part of their total eligible MSLRP debt.

Applicant's only need to include a complete and legible: Provider Application, Part A; Provider Application, Part B; and, the Practice Site Application and Declaration of Intent completed and signed by their employers in their Single Submission Application Packages. The W-9 and Payee Registration Forms are no longer required.

If you have questions, please call Ken Miller, MSLRP Analyst, at 517 241-9946.

Where are we?

By James Kilmark, PA-C

In my last weeks of service as President of the Michigan Academy of Physician Assistants I look back on the year and am humbled. On the practice front I have encountered many PAs who reaffirm why I became a PA to begin with. They are extraordinarily dedicated and competent individuals providing high level care to the communities and the patients they serve. I am also humbled by the individuals who serve along with me as members of MAPA's Board of Directors and its committees. These individuals take time out of their already busy lives to provide advocacy for Michigan PAs. This unique group has elevated the quality and efficiency of our organization in recent years to a higher level and with these changes MAPA and the PAs we represent are recognized both within the legislative community and among other healthcare organizations of Michigan.

In the past year MAPA has accomplished many things. We have developed a strategic plan and published it for member viewing so as to reaffirm for members some of what the academy does for them (there are certainly many intangible things MAPA does outside of this plan as well). MAPA also continued in it's tradition by providing high quality CME events. Thanks to our CME committee and its prior chair, John McGinnity as well as MAPA's administrative staff, the Fall CME event in Traverse City provided top notch speakers and the forum for MI PAs to enjoy the fall colors as well as socialize with their colleagues and friends. MAPA was able to host many prominent guests at this conference, Dr. Ron Davis the American Medical Association President spoke to attendees as well as other prominent guests such as our American Academy of Physician Assistants President, Greg Bennett (former MAPA President); AAPA Speaker of the House of Delegates, Mr. Paul Robinson; First Vice Speaker to the AAPA HOD (WMU Faculty Member), Mr. Bill Fenn.

In addition, MAPA has continued to improve it's communication to its members. Our quarterly newsletter has improved in both form and content. We have also made improvements to our website in both form and content and will continue to do so. The site provides information on all areas of MI PA practice with "members only" content, job postings, and the ability to join and renew your membership on line. We have provided periodic email blasts to inform you of CME and Regional events while trying to keep in mind that too many emails can become annoying for individuals.

MAPA also continues to provide our Spring Professional CME centering around PA reimbursement issues. This years conference held in Troy, MI was extremely well attended and provided top notch presentations by Ron Nelson, PA-C of Health Services Associates a national expert and others on reimbursement and coding as well as electronic medical records. I would encourage all PAs and their billing and coding staff to attend this conference as it gives you an understanding of reimbursement many of us do not have. It also will confirm why you need to take this understanding back to your place of employment.

MAPA also held its annual Legislative day in Lansing this year and in the theme of advancing and improving

things held true. Not only did we have a successful day but we had a record breaking attendance. In past years our Legislative day was attended by a handful of fellows and students. This year with the support of MI PA program faculty we had over 120 attendees. Many were students but the impact our numbers had on the legislators that attended was very positive.

In the past year, MAPA has also provided members the ability to give back to the communities of MI. At the Fall Conference, members donated personal items to the Women's Resource Center of Grand Traverse Bay and in normal PA fashion were extremely generous. I also attended a region 1 meeting in Marquette where the PAs of the UP not only traveled hours to gather in a few cases but also donated items to a local shelter. As of the writing of this article there were PAs and family/ friends have participated in the Susan G. Koman Race for the Cure on May 31st. These activities do not include the multitude of charitable activities MAPA's student members (through their university student societies) continue to provide the communities of MI which would expand this article beyond several pages.

Along with all the positives that I have mentioned comes a warning. As many are aware, our ability to practice under the supervision of our physician colleagues continues to be misinterpreted and under scrutiny. As evidenced by the changes in reimbursement for PA services by Blue Cross Blue Shield of Michigan there continues to be a lack of understanding about who we are and what we do. MAPA has doggedly taken the message to both BCBSM and the physicians of MI. PA's provide top quality, cost effective care in the team model and will continue to do so moving forward. MAPA will further continue to maintain that the services we provide under our supervising physician is no less a service to the patient and therefore should not be reduced. MAPA will continue to work toward educating BCBSM on these issues and will be pursuing formal processes to try and affect the policies put in place.

MAPA will also be moving forward in its plans to formally implement a Public Relations campaign. The campaign will be multifaceted and will look to provide education for physicians, legislators, employers and patients about PA's and what we do. In this plan there will be a strong message taken to the physicians of our state centered around "The Team Model" of providing healthcare and making sure they understand who we are as PAs as well as the role we provide on the Healthcare team.

The key to the success of PAs has been in our communication and this is where you as an individual PA will come in. Individual PAs must not be complacent….as jobs are plentiful we have become comfortable just going to work and caring for patients. This is not enough! PAs must make sure that they are the experts on their ability to practice not only from a clinical stand point, but from a legal and reimbursement stand point as well. Too often decisions about our practice are made without a true or accurate assessment of the actual laws or policies that govern our practice. You as individual PAs must educate your physician colleagues, clinic and hospital administrators about appropriate supervision guidelines outlined in the public health code as well what are appropriate billing guidelines for the services you provide. All to often PAs are assuming that their office or hospital have the appropriate documentation on file for them to practice or that the billing for their services are being done appropriately when in fact they may not be. PA education programs certainly provides a foundation both professionally and clinically but there is much more to the medical economics of our practice to just assume reimbursement for your services is being done appropriately and efficiently. Get involved in your practice beyond just seeing patients….Your practice will be better off in the long run!

Finally, in the next few weeks the MAPA board will be meeting formally and John McGinnity, PA-C will be taking office as President of MAPA. I look forward to his service to our organization. He is a strong advocate for our profession and brings excellent ideas for further improving MAPA. If he is even close to as successful as President as he was as MAPA's CME Chair then MAPA will definitely remain strong and advance as an organization. I look forward to continuing on as Immediate Past President of MAPA and will work hard to continue serving the PAs of Michigan. Thank you to all the individuals who have supported me over this past year!

Did you know?

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

Michigan Was Represented Well in Washington D.C.

By Wallace D. Boeve, EdD, PA-C & Phil Schafer, PA-C

Recently, MAPA leaders, and PA students from Michigan gathered in our nation's Capitol for the AAPA's Adventures in Lobbying conference. All volunteered their time to learn about, and advocate for important issues that concern the PA profession on a national basis.

As many of you may have seen in a recent edition of the AAPA News (March 30, 2008, Vol. 29, No. 6), the Michigan delegation made the front page. With one of the largest, "robust" delegations for "Adventures In Lobbying", Michigan lobbying efforts focused on the following four key health care issues:

- Medicare reimbursement for PAs ordering home health, hospice, and skilled nursing care.
- Federal Workers' Compensation Program allowing PAs to diagnose and treat federal employees.
- Title VII funding to support PA educational programs for program enhancements to reach the medically underserved.
- Elevating the PA advisor position in the Department of Veterans Affairs to a full-time position.

The group from Michigan spent a day in conference learning about the importance of these issues as they affect our practices across the nation. The next day was spent on Capitol Hill in the Congressional offices. They met with several members of Congress themselves, as well as their assistants. As they hustled around throughout the Hill, they were able to meet with thirteen of the offices. A great time was had by all. All agreed that this is a very tiring, but very important task.

The legislatures busy schedules did not always allow for a meeting with the actual representative, but Michael Rogers had a few minutes to hear our issues. A lot of miles were walked from building to building and meeting to meeting, but whether meeting with actual congressmen or their designee, a very strong PA presence was felt on Capitol Hill.

Pictured Left to Right, Wallace Boeve, Rosalind Sally Moldwin, John McGinnity, Breanna Bailey (PA Student), Brandi Alspach (PA Student), & Congressman Michael Rogers (representing Michigan's 8th Congressional District)

A special thank you to those from Michigan who took the time and effort from their busy lives to represent Michigan and represent PAs on a national level: Brandi Alspach (CMU PA Student), Breanna Bailey (CMU PA Student), Gregor Bennett (AAPA President), Wallace Boeve (MAPA Treasurer & GVSU PA Director), Paul Damm (WSU PA Student), Mike DeGrow (MAPA Executive Director), Bill Fenn (AAPA Vice Speaker & WMU PA Faculty Member), Julia Geik (WMU PA Student), Nancy Heed (Practicing PA), Jim Kilmark (MAPA President), Johnene Koganti (WSU PA Student), John McGinnity (MAPA President-Elect & WSU PA Faculty Member), Rosalind Sally Moldwin (Retired PA), Phil Schafer (MAPA Legislative Chair), James Williamson (UDM PA Student), and Andrew Zolp (WSU PA Student).

The Love Always Remember Always Committee

In September of 2005, Lara Rutan died at the hands of a drunk driver.
She lost her life, but the world around her lost a
Daughter, Fiancé, Sister and Friend.
We also lost a woman determined to make a difference.
Lara died shortly after completing her boards to become a Physician's Assistant
and had made plans to care for a great many people throughout her career.
She was unable to fulfill her purpose.

We have found a way to make it happen.
The Lara Rutan Endowed Scholarship Fund for the
Physician Assistant Studies Program at
The Eugene Applebaum College of Pharmacy and Health Sciences
Wayne State University.

This Scholarship provides tuition and materials for a student as well as an
Emergency Fund to help others enrolled in the program with extra
financial aid for unexpected expenses.
Every year we hope to help another person like Lara complete his or her
education and help continue Lara's dreams, as well as help the students Lara
worried about when they couldn't cover a dental bill or a costly car repair.

Your donation of time, money, or goods will truly
contribute to the success of this year's fundraising event

The Cat's Meow
September 20th, 2008

We can't thank you enough for your continued and gracious support
Please visit www.LaraRutan.com
Please direct any questions about the
Lara Rutan Endowed Scholarship or this year's event to
Lisa Whitmore Davis, Director of Development,
The Eugen Applebaum College of Pharmacy and Health Sciences, WSU
313-577-0273 • lwhitmoredavis@wayne.edu
Or to The LARA Committee • 313 550 4816

Coming to a city near you!

- **5th Annual Professional Issues Symposium 2009**
- **The 33rd Annual CME Fall Conference is October 9–12 at Grand Traverse Resort in Traverse City**

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

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