



*The Only Informational Resource
for Michigan Physician Assistants*

Michigan PA

“Struggle to Grow” Event Commemorated

By Daniel F. Ladd, PA-C, DFAAPA

With the autumn of 2007 came the 30th Anniversary of the creation of the Physician Assistant Task Force. Then Michigan Academy President-elect John McGinnity invited the original members of the Task Force and early members of MAPA to a reception that coincided with the Fall Conference Student Quiz Bowl event. What happened then was really quite magical! The dialogue that ensued between those founders of our profession and the students was reflective of curiosity, amazement, respect and reminiscence.

That event kindled the idea that the early history of MAPA should be recorded and documented before it was lost. President McGinnity challenged me to create a program that would do just that.

On Saturday October 11, 2008 at MAPA's 33rd Annual Fall Conference we presented “A Struggle to Grow: The Early Years of the Michigan Academy of Physician Assistants”. James Knight, PA-C, Michigan's first PA, William Klerk, PA, MAPA's first President, Joette Marger, Assistant to then State Rep Wm. Ryan, Michael Davis, PA-C and Jack

Kircher, PA-C were all interviewed during the talk show style event.

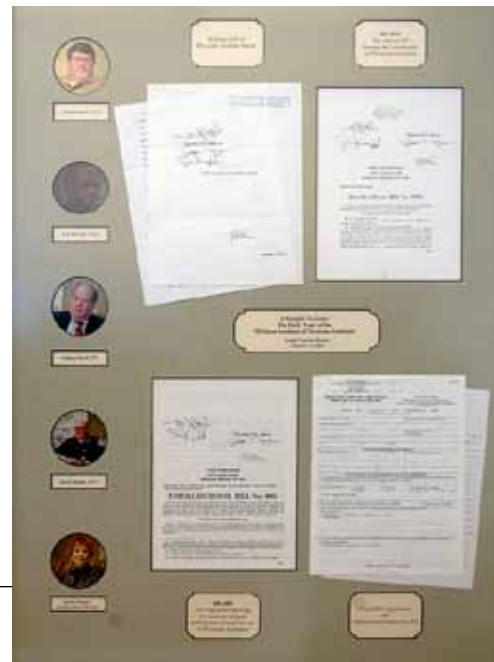
Each participant related their personal and collective experiences to the rapt audience explaining their connection and contribution to the fledgling PA profession in Michigan in the early 1970s.

The “Struggle to Grow” session was recorded on digital video disk and plans

are underway to ready it for release on MAPA's website in the future. A commemorative display was created to highlight some autographed memorabilia and was presented to the Michigan Academy of Physician Assistants Board of Directors at their January 9, 2010 Meeting. **PA**



(Above) John McGinnity, PA-C, Dan Ladd, PA-C and Mike DeGrow



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*What idea comes to mind
with this icon?*



*The next MichiganPA
will enlighten you all.*

MAPA's Mission

*The Michigan Academy of Physician Assistants is the
essential resource for the Physician Assistant profession in
Michigan and the primary advocate for PAs in the state.*

MAPA's Vision

*The Michigan Academy of Physician Assistants is committed
to providing quality, cost-effective, and accessible health care
through the promotion of professional growth, enhancement
of the PA practice environment, and preservation of the PA/
physician team concept.*



President's MESSAGE

Wallace Boeve, EdD, PA-C

Since assuming the Michigan Academy of Physician Assistant presidency last June, 2009,

I have been awestruck at the commitment and dedication by so many to this great Physician Assistant (PA) profession. Many of these individuals are excellent PAs who have volunteered their time and energies to advance the PA profession, maintaining the practice freedoms that we all enjoy. Some of these dedicated individuals who have impressed me are not even Physician Assistants. They are staff members, lobbyists, community members, and yes, even patients, who remain vigilant to the PA cause. These individuals appreciate the quality care they have received as well as the friendships they have enjoyed with PAs. Speaking of friendships, a good reminder from Corrie Ten Boom, Holocaust Survivor who lost her whole family to the Nazi regime, "Friendship is the spiritual inspiration that comes to one when he discovers that someone else believes in him and is willing to trust him with his friendship."

*I believe we
were all placed
in this time and
in this place
for a specific
purpose.*

For those of you who were present at the Fall CME conference in Boyne and were able to attend the President's Banquet, I had the distinct privilege of recognizing a dear friend and colleague as this year's MAPA President's Award recipient. This gentleman has dedicated his professional time to assuring that the quality and face of the PA profession remains steadfast and true to its mission. However, there have been days when it has not come without struggle. But as he has reminded me by his example and as stated so well in Dr. Tim Irwin's book, "Running with the Bulls", "Character and emotional toughness are not built through ease but through the hardship that life deals very freely." As MAPA's Executive Director and Lobbyist, Mike DeGrow has exhibited the highest character and the emotional toughness to endure some of those hardships. He is unselfish and altruistic to the PA cause. With family and friends present at the banquet, my emotions overflowed in recognition of Mike's service to Michigan PAs.

As many people consider their lives and their existence, sometimes the service area can be limited due to the tough times that are faced daily, weekly, or annually. These tough times may be held internally without anyone else even knowing. However in light of these tough times, I was reminded recently from a powerful quote, "The sermon of your life in tough times ministers to people more powerfully than the most eloquent speaker." (Bill Bright, Founder of Campus Crusade for Christ). I believe we were all placed in this time and in this place for a specific purpose. Whether it is serving the PA profession, serving our spouse, serving our children, serving our coworkers, serving our patients, or serving our God, "All achievements, whether in the business, intellectual, or spiritual world, are the result of definitely directed thought. Men do not attract to them that which they want, but that which they are." James Allen's book, "As a Man Thinketh (c.1902)". As we continue to pursue our passions and practice the art of medicine, may all of us be worthy of attracting the highest quality marks by being great PAs and great citizens of this great country. Thanks for all you do every day!!

Wallace D Boeve, EdD, PA-C

Wallace Boeve, EdD, PA-C
MAPA President 2009 - 2010

Submitted by: Brian Gallagher, PA-C



Michigan Has Strong PA Presence in DC

At a critical time in the healthcare reform legislation, and two days before President Obama's Healthcare Summit, Michigan PAs headed to Washington, DC to advocate for the profession. The group included current MAPA President Wallace Boeve, EdD, PA-C, MAPA Executive Director Mike DeGrow, AAPA Vice-President and Speaker HOD William Fenn, PA, LGA Chair and MAPA Past-President Phil Schafer, PA-C, MAPA Past-President Radford Hayden, PA-C, head of Henry Ford Hospital Mid-Level Providers Folusho Ogunfeditimi, PA-C, candidate for AAPA Director At Large Sandra Keavey, PA-C, CMU PA students Lauren Miller, PA-S and Kali White, PA-S and myself, all were present at the annual AAPA Capitol Connection Event.

On February 21, PAs from across the nation met and discussed the critical issues facing PAs in Federal Healthcare Reform. We focused primarily on obtaining the ability of PAs to direct Hospice and skilled nursing care, the need to amend the Federal Employees' Compensation Act to include PAs, and the ability to prescribe buprenorphine or Suboxone. Another highlight of the day was current U.S. Surgeon General Regina Benjamin, M.D. giving a keynote address on the PA profession. She received the 2010 AAPA President's Award for her support of the profession; and incidentally, her PA was at home, running her rural health clinic.

On February 22, we all headed to Capitol Hill, meeting with Michigan's legislators and their staff to encourage Congress to act upon our concerns and hear our voice. The full effectiveness of our lobbying is yet to be proven. However, after advocating early in the day at Senator Levin and Senator Stabenow's offices to prevent the 21% Medicare reimbursement cut, the U.S. Senate passed a 30-day extension by unanimous consent that same evening. It was to be taken up by the House the next day!



(Photo) From Left to Right: Lauren Miller, PA-S, Brian Gallagher, PA-C, U.S. Congressman Dale Kildee, Kali White, PA-S and MAPA President Wallace Boeve, EdD, PA-C

Please join us at MAPA's Legislative Day in Lansing on May 12, 2010 and consider joining us next year at Capitol Connection. You can also be a witness and see how significant an impact YOU can have on the legislation that governs our profession. Help break down barriers, lower healthcare costs and increase access to healthcare by advocating for the PA profession.



This past semester our WSU Class of 2011 was able to excel academically

and devote our time to classroom work and to the surrounding urban areas of Detroit as well. Our class spent a day at Barbara Jordan Elementary School in Highland Park using colorful displays, presentations, and props to entice the children into learning. We covered several different health topics educating the students on certain diseases and how they can stay healthy. We left energized by their excitement and felt gratitude towards the learning experience.

We continue to devote time every Wednesday to run a free health clinic at Walgreens in Highland Park. Students take turns volunteering every week and are available to check patient's BP, blood glucose level, weight, and answer questions about their current health and medications. This service is received very well by the patients who utilize the clinic; the majority are uninsured and rely on our health checks and advice as their primary care.

Our major event this year involved raising money for Curtis Granderson's Grand Kids Foundation, an educational-based foundation that began in 2008. Money raised from the Grand Kids Foundation goes towards purchasing school supplies for schools and families who are in need of extra funding, establishing baseball programs, providing equipment and baseball facilities in some of Michigan's inner cities, and eventually a scholarship program for

graduating high school seniors. Our class contributed seven Detroit marathon runners, and with classroom aid and fundraisers raised \$2000 in pledges for the foundation. About 20 students from our class volunteered at a fluid station for the Detroit Marathon as well.

During the holiday season, students volunteered at Gleaner's Food Bank putting together supplies for the local food pantries. We also participated in a Christmas Adopt-A-Family, where a majority of our students bought holiday gifts for a Detroit family to enjoy.

We've been extremely busy since our program began in May and we have no intention of slowing down. We are determined to finish this year with a hardworking effort and positive attitude. We have much anticipation and excitement for finishing our classroom work and beginning our reputable clinical year.

WHO AM I?

- I can take your breath away
- I can be caused or happen out of 'thin air'
- I can be a real pain and an SOB
- I can collapse and move 'stuff' off center
- 'Coin Test' may help Dx, but a quick 'pic' will do
- I may need a little roughing up to resolve or I'll simply just go away

(answer in next 'Michigan PA')

Q
quarterly
quiz
question

Have you ever stopped to think about how incredible it is to be part of the physician assistant profession?

Every day, our lives are fast paced blurs of reality. Family, friends, patients, money and jobs seem to add a little bit of stress to all our lives. As my time here on the MAPA executive board comes to a close, it has caused me to jump off my daily freight train of personal stresses and reflect. I am fortunate to be part of a tremendously rewarding and flexible profession. MAPA has been the sole force since 1974, protecting the PA profession in Michigan and making our flexible profession so beneficial. It is hard to see what MAPA has done for you on a daily basis, unless you have a chance to work with this dynamic organization. Sure, we do not have all the resources we would like to promote all the successes we achieve for our members. However, getting results to improve PA practice is what the organization is about and not about just growing the professional organization. Think of all the things you do for your patients on a daily basis and your ability to write that controlled substance, prescribe PT, or sign for that sample medication; has all been a result of MAPA's efforts.

As the landscape of healthcare is trying to evolve, we want to be seen as a profession that can make a positive impact on the health status of Michigan's population. In order for us to be respected in the legislative arena, one of the first questions we are always asked is "What percentage of PAs in Michigan does MAPA represent?" We answer about 27%. Therefore, it is hard to say we truly represent the majority of Michigan PAs. That can have a tremendous impact on our ability to influence legislation. Over the past few years, we have tried very hard to earn your support as a professional organization. I would ask you to remember you have a friend in MAPA to help you through any professional issue. Encourage your peers to support MAPA by becoming a member. We truly need to stand together as a profession and I would ask all Michigan PAs to consider joining MAPA. If you couldn't prescribe medications, physical therapy or sign for samples, would it be worth \$175.00 per year to get that ability. Of course it would. So why not encourage your fellow PAs to understand by joining our academy, they can protect that ability for each PA in the state. I also want to 'Thank you' for the privilege to serve my profession and feel in some small way, I have made a slight difference. **PA**

John McGinnity, MS, PA-C
Immediate Past President, MAPA

PA **FAST FACT**

Did you know that the original day to celebrate PA Day, Oct. 6th, was the birthdate of the physician who founded the PA profession, Dr. Eugene Stead, Jr.?

MAPA has been the sole force since 1974, protecting the PA profession in Michigan...

MAPA Presents Its 6th Annual Spring Professional Issues Symposium

A spot is waiting for you at this years' Professional Issues Symposium. To be held on Saturday April 17th, 2010 at the Motor City Casino and Hotel in Detroit.

The conference this year will cover information pertinent to your practice. Topics discussed for Physician Assistants will include PA professional issues, Health Care Reform, PA legal issues, employment contracts for PAs and practice issues of EMR, billing/coding and reimbursement.

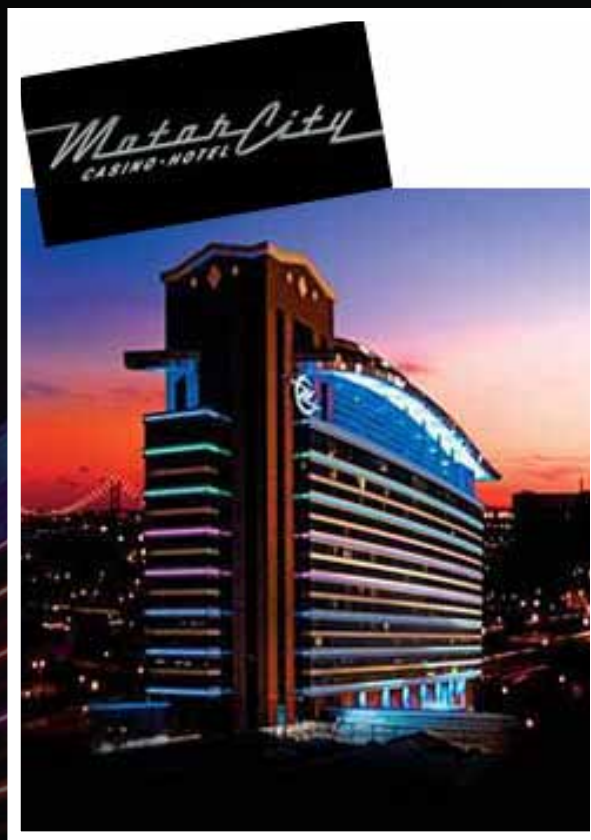
Come and join your colleagues, peers and bring your office staff for some excellent CME and information that will be applicable to your practice.

Registration forms and meeting agenda is currently available on-line at www.michiganpa.org

Breakfast and lunch are included, with registration opening at 7am; Program 8am – 5pm

Overnight Hotel accommodations are available and should be made by the attendee.

This program has been approved for a maximum of 8.5 hours of AAPA Category I CME credit by the Physician Assistant Review Panel. Participants should claim only those hours actually spent participating in the CME activity.



Call For Content

The Editorial staff at 'MichiganPA' newsletter is looking for enthusiastic contributors to help give life and variety to this resource. The overall goal of this PA newsletter is to have a collaborative and collective input and spirit that is "By PAs, For PAs." The PA profession is continually growing and expanding to all areas and levels of medicine, the new 'MichiganPA' should mirror this expansion.

This request is put forth for any Michigan PA to submit articles, stories or vignettes about specific items of interest that would appeal to other PAs. If you have previous professional experience in medicine, at any level or branch, it will be of benefit. Especially since the PA profession requires recertification that is applicable to all branches of health care.

Of special interest is community service or humanitarian efforts of Michigan PAs, going above and beyond to deliver health care. These efforts are not for glory or recognition, but because they felt it was necessary and the right thing to do. We hope that you will help us in this endeavor and give back to the profession that you are a part of. If you have any questions, concerns, articles, ideas, suggestions, or editorials, please forward them to the editorial staff at either e-mail: cjnoth@yahoo.com or mapa@michiganpa.org We want to hear from YOU!



Call for CANDIDATES

Are you interested in becoming involved in PA Leadership? If so, **MAPA Wants You!** A rewarding opportunity awaits you, where you can utilize and enhance your leadership skills by becoming involved in the Michigan Academy of Physician Assistants Board of Directors. MAPA is seeking nominations for President-Elect and Treasurer. Additionally, nominations are sought for elected representatives to the Board of Directors from Regions 2, 4 and 6.

Candidates seeking to be placed on the election ballot must submit a statement of interest to the MAPA office that includes biographical data, including eligibility for office; credentials and election platform **by April 14, 2010**. This information can be submitted in the form of a cover letter and resume' and will be distributed with the ballot.

A candidate for the office of President-Elect must have been a member of MAPA for at least three of the last five years. The proposed nominee must have accumulated during the past five years, two distinct years of experience as a member of the board of directors, or as a MAPA delegate to the HOD or on any of MAPA's standing committees or necessary experience deemed appropriate by the nominations committee.

A candidate for the office of Treasurer must have been a member of MAPA for at least two of the last five years or accumulated the necessary experience deemed appropriate by the nominations committee.

Candidates for Regional Representative must be a fellow member of MAPA, in good standing and live in the region they seek to represent.

MAPA is also seeking nominations for Chief Delegate, delegates and alternates to the 2011 AAPA House of Delegates (Las Vegas, NV). All candidates for MAPA

Chief Delegate/delegate/alternate to AAPA HOD must be current members of AAPA and fellow MAPA members and for the year preceding candidacy. All candidates for MAPA Chief Delegate shall have served at least one term as a delegate with the Michigan delegation.

All candidates for MAPA delegate to the AAPA HOD shall have served one term as an alternate delegate with the Michigan delegation. The term for delegates/alternates from Michigan to the AAPA House of Delegates shall be one year and begins on July 15th of the year of election. Delegates and alternates will serve as representatives of the MAPA membership at the AAPA House of Delegates.

To sustain the atmosphere of MAPA's BOD, we need creative and energetic individuals that will help promote quality health care delivery and the PA profession in the state of Michigan. **Nominations are due to the MAPA office by April 14, 2010.**

E-mail to: scressman@msms.org or

Mail to: MAPA

C/o Sarah Cressman, Academy Administrator
120 West Saginaw Street
East Lansing, MI 48823

Quote:

*"We should not let
our fears hold us
back from pursuing
our hopes."*

*John F. Kennedy
35th President of the
United States of America*



MAPA's Annual Legislative Day

Mark your calendars to join us for MAPA's Annual Legislative Day, **Wednesday May 12, 2010**, brought to you by MAPA's Legislative and Government Affairs Committee.

Now is the time to get involved with health care reform and this annual Legislative Day offers you the opportunity to learn firsthand what's hot on our legislator's plates in Lansing! This will also offer you an opportunity to meet your Representatives at an informal luncheon as well as individual meetings with our Senators in the afternoon. Also, hear from Michigan's own, AAPA Speaker of the House of Delegates, Bill Fenn, PA-C, on the current national topics.

MAPA's 2010 Legislative Day will take place at the Radisson Hotel and Conference Center in Lansing. Cost is **FREE** to MAPA members. Registration required and is available on-line at www.michiganpa.org

Registration begins @ 7:30am; Program 8am – 4pm

This program is not yet approved for CME credit. **Conference organizers plan to request 5 hours of AAPA Category I CME credit from the Physician Assistant Review Panel. Total number of approved credits yet to be determined.**

Please remit registration to Sarah Cressman @ MAPA: scressman@msms.org by **April 23, 2010**.

Please also include your region and any prior contact with your legislators.

Call MAPA's office toll free for more information @ 1-877-937-6272

Michigan PA Newsmakers

Wallace Boeve, EdD, PA-C and current President of MAPA was selected as the AAPA Leadership Focus candidate for the month of February 2010. Wally was chosen from over 70,000+ PAs nationwide for his leadership, integrity, service example and community involvement.

Congratulations Wally!

By: Marcos Vargas, MSA, PA-C

Unfortunate Truths About Why Patients Sue

A word of caution: not every medical malpractice claim is the result of professional negligent care. In fact, the great majority of them are considered non-meritorious based on the individual's negative experiences or misperceptions of their medical experience, rather than an actual medical misadventure.

So **why** or **what** underlying reason(s) exactly compels a patient to seek legal remediation beyond the obvious- an adverse outcome due to an unfortunate mishap (i.e., wrongful death due to failure to perform a timely biopsy). While a million reasons sort-of-speak may exist, they primarily sue to "protect others" and obtain revenge. But basically, today's reality is this; we live in a very litigious society. Plus we work in a service oriented industry in which patients not only expect professional accountability, but also very high qualitative services too. Therefore, more and more patients believe that when things don't "measure up" or "go their way", they have a right to seek legal recourse for their unmet needs or expectations.

But successful PAs not only rely on their malpractice policies to offset med-mal allegations, they also seek to protect their careers by proactively dispelling the following circumstantial misperceptions undermining any potential patient-provider relationship. Following are tips that can help minimize or prevent patients from using the legal system against you.

Cause #1 Provider Gave Treatment(s) and Outcome(s) Guarantees

Tip: Never provide unequivocal assurances, otherwise you will jeopardize and/or compromise your clinical credibility. Not to mention that providing convincing certitude or assurances have haunted many clinicians, especially if the cosmetic results were less than favorable or *expected* by the patient.

Cause #2 Provider's Poor Interpersonal Skills Set

Tip: Clearly, one thing that patients have voiced in their opinions survey is their intolerance and disdain for the paternalistic, arrogant, rude, and/or inconsiderate clinician. Nor Condescension is the mark of a good bedside manner in the eyes of patients. Remember, if any or all of these describe you, chances are that your patients will be unforgiving of any unexpected outcome.

Cause #3 Non-Communicative Provider

Tip: People can become easily frustrated and angered in any relationship where there is a non-communicating party. They feel alienated and uninformed about their treatment, their course and possibly their prognosis. Be sure to take the time, explain things, and establish eye contact with your patient when discussing your

therapeutic plan. Often times, unconsciously this practice is omitted because we find ourselves so hurried and busy in our practices that we scarcely communicate, which detrimentally erodes the patient-provider partnering alliance. In fact, many cases have been raised under the “failure to inform” (a.k.a. ‘lack of informed consent’ particularly when diagnostic and/or procedural interventions are involved). Effective communication is paramount when discussing any medical results/prognosis with a patient and/or family member.

Cause #4 The Unavailable Provider

Tip: In our working lives, we all have competing clinical priorities and at times we are time-constrained. Thus, limiting our abilities to return calls or provide results promptly with an empathetic tone behind our words. Unfortunately, many patients may read this “unavailability” as uncaring, especially if they felt they lacked the timely information so urgently needed before undergoing that botched elective procedure. In brief, patients don’t hesitate to sue a perceived uncaring or unsympathetic clinician if an adverse outcome results. So don’t be too busy for your patient’s concerns or patients’ family queries.

Cause #5 Provider is a Poor Listener

Tip: Nothing can be more detrimental than a “proud” clinician who thinks and behaves as they know it all by disregarding or trivializing the patient’s or their family’s

concerns. This one is probably the most egregious trait that a provider can have. Why? Because the patient doesn’t feel “trusted” or that they were listened to.

So as you can see, it behooves you to concentrate your efforts into being more attentive, on becoming a better listener and to be forthcoming with your clinical-decision making process or opinions, if you want to build rapport into your patient-provider relations. Surprisingly enough, many patients would be willing to forego litigation, but only as long as you did not mirror or fell into any of the five “Unfortunate Truths” categories as discussed in this article, even during their darkest hour.



By: Barbara Steer, PA-C, MSW

The Who, What, When, Where, Why and How of Geriatrics

An emerging healthcare concern facing all of us as practitioners is the slow and steady increase in number of older adults. Let us not forget that we too are aging and will soon be a part of this aged group.

Who? Older Adults (OA) are the folks who have had more time for their life course, and the effects of their sex, race/ethnicity, and socioeconomic status, to play out. They are the respected elders of our communities, are our parents and grandparents. They are you and I, should we live long enough. This cohort of patients has life experiences that need to be shared and celebrated and knowledge that can mentor the youth.

What? Geriatrics is the medical care of older adults. (A related term, gerontology, is the study of everything else about aging.) As the population of the U.S. continues to age, this sector of medicine will only increase and require more attention from health care professionals.

When? Regarding older adults, the 'When' is NOW! These older adults are not getting any younger and their numbers are steadily increasing.

Where? If you only look in long-term care, you'll miss most of the OA population. While OAs constitute 90% of nursing home use, 2-5% of people 65+, overall, reside in institutions. OAs are found in all aspects of medicine and account for 1/3 of visits to PAs. In 2009, AAPA reported that 86% of PAs in primary care see patients 65 years and older. OAs use over 45% of hospital days, OAs constitute 30% of surgical patients and are a major component of specialty and emergency medicine.

Why? Because older adults are not just older versions of younger adults. The American Geriatrics Society says that OAs can have 'unique and oftentimes multiple health care concerns'.

How? The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) develops and publishes the educational standards for PA programs. The current Standards require didactic and clinical training across the life span, including "supervised clinical practice experience in...long-term care".

The Institute of Medicine (IOM) has made a recommendation that health care professionals should have competence in the care of older adults as a criterion. The PA profession is slowly embracing this idea, recognizing that the knowledge, skills, abilities, and attitudes necessary for older adult medical care are needed in all settings in which PAs see older adults. Let us as practitioners, educators, and students of life, not forget that we are all getting older, and that we need to be ready to handle this graying concern.



STROKE... Act F.A.S.T.

Despite the advancements in medicine, stroke remains a prevalent disease in the US. The good news is that in a ten year span, from 1996-2006, the average death rate from stroke, fell 33.5%. However, stroke still accounts for every 1 in 18 deaths. On average, someone in the US has a stroke every 40 seconds. According to the National Stroke Association, approximately 610,000 people have a new stroke every year and 185,000 suffer a recurrent stroke. This number has a large impact on the US health care system. In recent statistics published by the National Stroke Association, the estimated cost of stroke both direct and indirect for 2010 will approach \$73.7 billion.

There are numerous ways that we as health care providers can educate patients and reduce the risk of new/recurrent stroke. Educating patients on the signs and symptoms of stroke is key to early detection and intervention. The National Stroke Association has a great graphic tool to teach individuals the warning signs of stroke; titled Act F.A.S.T.

Act F.A.S.T.	
F ace	Ask the Person to Smile. Does One Side of the Face Droop?
A rms	Ask the Person to Raise Both Arms. Does One Arm Drift Downward?
S peech	Ask the Person to Repeat a Simple Sentence. Are the Words Slurred? Can He/She Repeat the Sentence Correctly?
T ime	If the Person Shows any of these Symptoms, Time is Important. Call 911 or get to the Hospital Fast. Brain Cells are Dying.

For patients who have already had a stroke, it is important to educate them on ways to reduce the risk for a recurrent stroke. Lifestyle modifications and controlling medical co-morbidities are important. Medications for secondary stroke prophylaxis are constantly evolving and changing. Currently, the CHARISMA trial showed no benefit for combined use of Aspirin and Clopidogrel (Plavix) for stroke prevention in a patient who has had an ischemic stroke already. The results of the SPARCL trial showed that statin therapy is recommended for previous stroke patients to prevent recurrent strokes. The PROFES study revealed that using Aspirin plus dipyridamole or clopidogrel, neither combination was superior to the other in preventing stroke.

I have had the opportunity to provide question and answer sessions with outpatient stroke support groups. Perhaps the most common theme I encounter is medication compliance. Many individuals have the notion that if their blood pressure is “normal” they do not need to take their medications anymore. The same also held true with cholesterol medications. Another individual told me that she only took her blood pressure medication when she had a headache, “because that’s when I know my blood pressure is up.” As redundant as this may sound, we need to educate patients about medication myths and ask them what beliefs they may have about medications. Many patients believe that they no longer need medication if their blood pressure and labs are within normal limits and we as healthcare providers need to explain that values are within normal limits because of the medications.

Both the American Stroke Association and the National Stroke Association have great patient resources and educational information. Taking a little extra time with our patients can go a long way in reducing risk factors and medication mistakes.

Reserve the Date!

“Physician Assistants, Changing the Landscape of Healthcare”

Michigan Academy of Physician Assistants

35th Annual Fall CME Conference

Grand Traverse Resort and Spa

October 14th – 17th, 2010

The plans are being made for the 2010 MAPA Annual Fall CME Conference. Please check out MAPA’s website in the near future at www.michiganpa.org for updates on the conference schedule and activities. Once again, we will have an excellent variety of topics and speakers, covering all aspects of our profession and an opportunity to receive on average 24 hours of CME. The favorites will be back, family activities along with student and adult activities to enjoy.

“Just Be There!”

SOURCES/LINKS/SPONSORS/CONTACTS:

Michigan Academy of Physician Assistants- MAPA at 1-517-336-1498 or www.michiganpa.org

American Academy of Physician Assistants- AAPA at 1-703-836-2272 or www.aapa.org

National Commission on Certification of Physician Assistants- NCCPA at www.nccpa.net

Accreditation Review Commission on Education for the Physician Assistant- ARC-PA at www.arc-pa.org

Michigan Department of Community Health for PA License at www.michigan.gov

Drug Enforcement Administration (DEA) License at www.deadiversion.usdoj.gov

American Academy of Physician Assistants in Legal Medicine at www.aapalm.org

The American Geriatrics Society at www.americangeriatrics.org

American Stroke Assoc. and National Stroke Assoc. at www.strokeassociation.org or www.stroke.org



New MEMBERS

Members who have joined since 11/15/09:

Kelly Beelman	AFM	Auburn, MI
Sarah Lekity	AFM	Rockwood, MI
Jouhaina Bazzi, PA-S	STU	Dearborn Heights, MI
Carrie Helmers, PA-C	FEL	Coopersville, MI
Aradhana Thyagaraj, PA-C	FEL	Livonia, MI
Heather Karin	AFM	West Bloomfield, MI
Renae Conner, PA-S	STU	Caledonia, MI
Mandy Newton-Rosenow, PA-C	ASM	Jacksonville, NC
Kathryn Poulos, PA-S	STU	Westland, MI
Emmy Gasso, PA-S	STU	Farmington Hills, MI
Lisa Perry, MHS, PA-C	FEL	Saginaw, MI

A total of 143 people have become members of MAPA since 7/1/09:

ASM - 1	STU - 93
AFM - 30	FEL - 19

ASM - Associate Members
AFM - Affiliate Members
STU - Student Members
FEL - Fellow Members

PLANNER

PROFESSIONAL ISSUES SYMPOSIUM

This MAPA sponsored event will help you gain insight as to how to handle PA issues in your practice

DATE: Saturday April 17, 2010
TIME: 8am - 5:15pm
LOCATION: Motor City Casino and Hotel
Detroit, MI
FEE: See on-line Registration Form
INFO: 1-877-YES-MAPA or
www.michiganpa.org

MAPA's ANNUAL LEGISLATIVE DAY

Meet and greet the political movers and shakers of Michigan

DATE: Wednesday May 12, 2010
TIME: 8am - 4pm
LOCATION: Radisson Hotel and Conference Center
Lansing, MI
FEE: FREE to MAPA Members
INFO: scressman@msms.org or
www.michiganpa.org

EVENTS / SEMINARS / CLASSES / CONFERENCES

AAPA's 38th ANNUAL NATIONAL CONFERENCE

DATE: 5/29/2010 - 6/3/2010
LOCATION: Georgia World Congress Center
Atlanta, GA
FEE: Refer to Registration Form
INFO: www.aapa.org

MAPA's 35th ANNUAL FALL CONFERENCE

DATE: 10/14/2010 - 10/17/2010
LOCATION: Grand Traverse Resort and Spa
Traverse City, MI
FEE: Refer to Registration Form
INFO: 1-877-YES-MAPA or
www.michiganpa.org





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'The Last Word...'

The advances in technology over the last decade or more have been nothing short of remarkable. These advances have led to expansion in business, propagating new industries and spurring further innovations. The positive impact of technology has been for the better, as witnessed in all fields, especially in medicine. These have yielded easier processes and hopefully more productive lifestyles. Technology is responsible for greatly enhancing communications and increasing the speed of whatever it 'bytes' into. It has also helped to miniaturize many items we use on a daily basis as well as technology itself. Plus, there is an ease of access to all information with improved efficiency and it has helped with training and simulation for future applications. But, at what cost are all of these technological advances and are they all positive?

For all its promise and hype that technology has afforded us, there are drawbacks and a price to pay. Technology outdates quickly, there are some barriers of interfacing with different systems, and at times the sheer volume can be over-whelming. The negative aspects also include dys-socialization, giving rise to physical and social inactivity. We've all seen how children and adults have become over-weight and socially inept because of their dependence on technology; whether watching videos, computer gaming or utilizing cell phone applications. A frightening trend is the loss of human contact, there's more to a person-to-person meeting or a handshake than meets the 'virtual' eye. This is particularly unnerving if a future possibility is a virtual medical office/visit. We already have webcam college courses; are we progressing towards a virtual medical office or home webcam based healthcare prototype?

Don't mistake the message, we would be nowhere without the advances in technology, but we cannot lose our focus, that sometimes in business and most always in medicine, technology can't replace the human contact factor. In medicine, there is a need for human interaction and socialization with a 'laying on of the hands' that technology cannot replicate.

Chris Noth, PA-C
Editor, 'MichiganPA'