

August 2010



*The Only Informational Resource
for Michigan Physician Assistants*

Michigan PA



WE WANT YOU FOR MAPA

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michiganpa.org

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Michigan Academy of Physician Assistants
120 W. Saginaw Street
East Lansing, MI 48823
Toll Free: 877-YES-MAPA
Phone: 517-336-1498
Fax: 517-336-5797
E-mail: mapa@michiganpa.org
Website: www.michiganpa.org

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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

Suzanne York, PA-C, MPH

Is Membership a Good Value?

This edition of the MAPA newsletter will be mailed to all Physician Assistants in Michigan (usually, only members receive this publication). And this particular letter is directed mainly to non-members.

In case you wonder why I am directing this message only to some of you, well...76% of the PAs in the state are not MAPA members! So chances are pretty good, if you are reading this, I am talking to you.

When it comes to representing Michigan PAs, MAPA is the only organization that is solely dedicated to that task. Our mission states, "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."

Joining MAPA supports local, state and national efforts to improve PA practice and the lives of our patients. Membership ensures that MAPA's voice is heard on issues affecting our medical practice as well as provides opportunities for continuing education. Members have the opportunity to shape the future of MAPA by electing officers, serving as leaders, or participating on committees that determine the content of CME meetings, develop legislation, impact reimbursement and a host of other critical matters. Service in these capacities also contributes to networking and professional reputation.

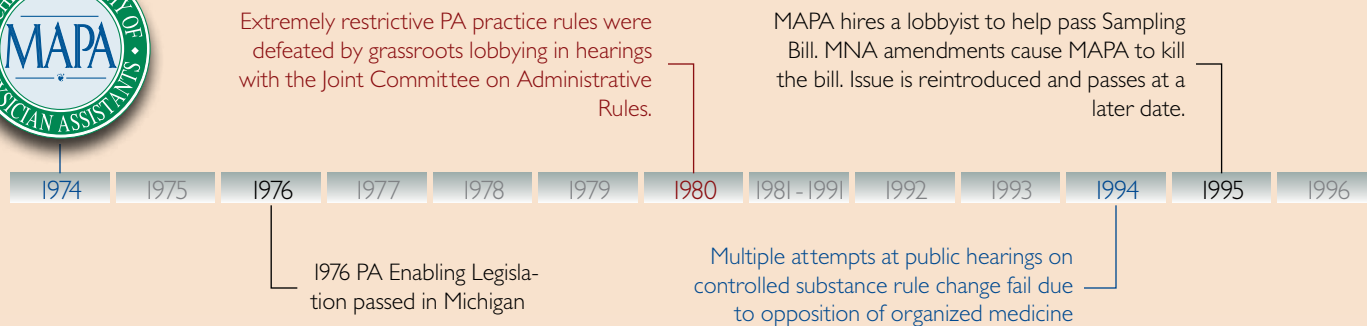
MAPA has continued to adapt to serve the needs of its members over the last 35 years. Now, we need your membership to continue these efforts for the next 35 years. Inside of this newsletter, you will discover what MAPA has been doing to enhance PA practice in the state recently, including:

- Ensuring legislation passage that will add PAs to the list of professionals who are able to form professional corporations (PC) and professional limited liability corporations (PLLC)
- Enhanced membership options for current and joining members
- Plans for the Annual MAPA Fall CME Conference at the Grand Traverse Resort and Spa, October 14-17, 2010.

We, the current MAPA members, invite you to see the value of membership so we may work together to create positive change in our health care delivery system. I look forward to working with all of you as members of MAPA.

Suzanne York, PA-C, MPH
MAPA President 2010 - 2011

*Members
have the
opportunity
to shape
the future of
MAPA*



MAPA TIMELINE

by: Ron Stavale, PA-C
PAMPAC Chairperson

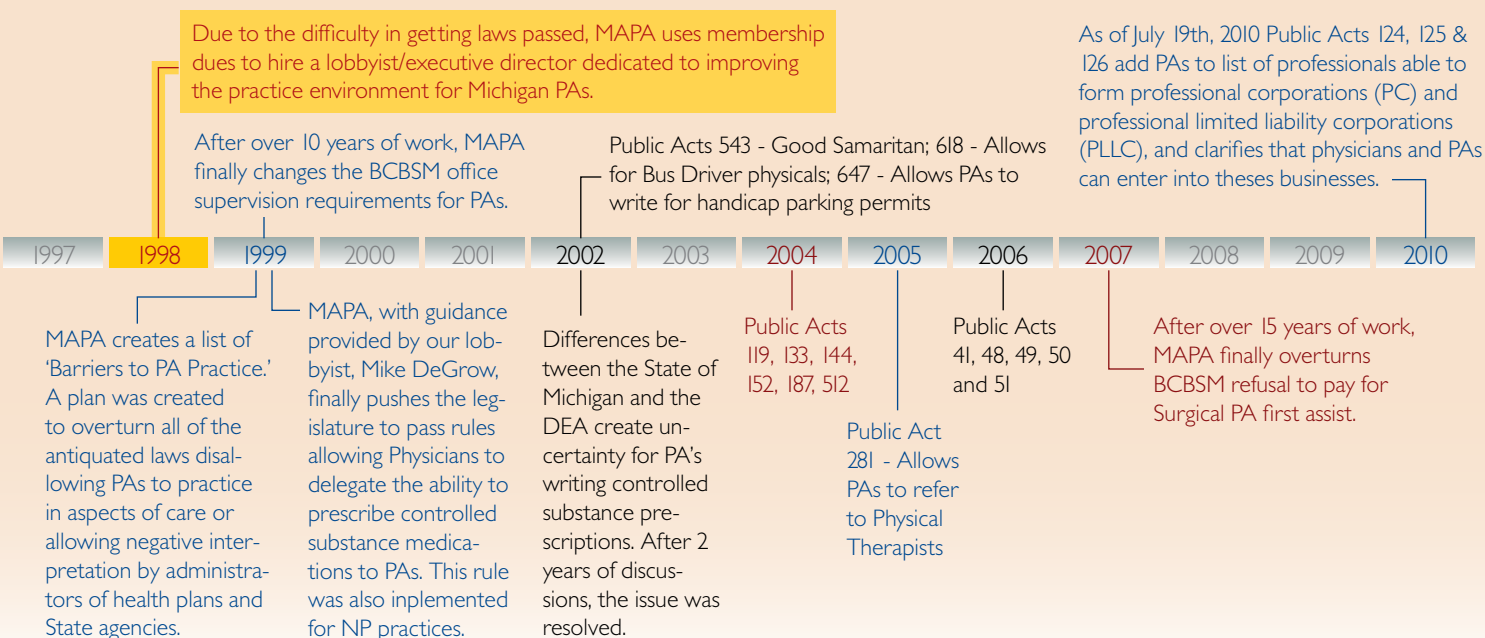
Question: What Has MAPA Done for Me?

A couple years before MAPA hired an executive director/ lobbyist and management firm that was needed to foster a more PA friendly practice atmosphere, we sent out a survey to Michigan PAs. The first question was, "Do you think there should be an organization representing your professional interests here in Michigan?" A resounding, 99.3% of responders said 'Yes' and felt it would be beneficial to have an organization to represent the PA profession here in Michigan. The question then comes up, 'How should one format such an organization?' Should it be a group of 5 or 6 volunteer PAs spread out over the State, finding free time to meet infrequently to address PA practice issues and meet with legislators who are not cognizant of our profession? And are these same volunteers to keep abreast of the myriad of bills that come to the legislature and respond to legislation introduced by other health care organizations that may have a negative effect on PA practice? Or should the organization have an executive director/lobbyist and support from a managerial firm similar to other effective health care organizations in this State? Think about it for a few minutes, what have you invested in your career and how this career has rewarded you with the ability to care for patients and in turn, created a good standard of living for you and your family.

The early days for Michigan PAs were challenging, to say the least. Discovering how constrained we were by the conservative laws enacted to allow limited PA practices in 1976. Thwarted at every turn for over 20 years to change the rules to allow for prescribing controlled medications and to correct other antiquated regulations. Bewildered by the constant negative interpretations from those in authority, of the words 'Physician Signature' to mean PAs 'can't do this', or 'can't sign that.' We were dismayed by late notification of bills that could have a negative effect on our practice. Finally, embarrassed at trying to represent our fellow colleagues and being denied the respect of our profession, **MAPA decided to reinvent itself**. MAPA took a bold step and raised the membership dues in order to hire a professional staff.

So, 'What Has MAPA Done for You?'

MAPA learned the hard way that no one speaks for you if you're not at the table where discussions are had and decisions are made. Taking a cue from the other health care organizations, MAPA used your membership money wisely, hiring Lansing lobbyist, Mike DeGrow, as our lobbyist and executive director. MAPA interviewed multiple management organizations and selected PSI, who is based in Lansing. Review the above 'MAPA timeline' to visualize the changes



that have happened since 1998, to your practice environment in Michigan, once MAPA made the commitment to hire professionals who work and represent you in Lansing.

MAPA thanks all of you that have made the decision to be members of the only organization dedicated to PAs in Michigan. And since membership helps drive MAPA, we also thank those PAs who have volunteered their personal family and fun time to help direct the organization that represents you. Those volunteers would be the PAs that have been, or are currently on the BOD or Committee Members.

We would sincerely like to improve the number of PAs in the State of Michigan who belong to MAPA. All PAs, now and in the future would benefit from that. The more members we have equates to increased number of ideas to improve our practice environment, creates more energy to turn those ideas into positive changes, and allows us to hire professionals to help run MAPA (our executive director/lobbyist & management firm are currently with us on a part-time basis) in a professional way. But more importantly, the more members we have has a direct effect on the legislators, who ask us, "What percent of the PAs in the State do you represent?" It is difficult and embarrassing to answer that question honestly. If only 24% of PAs support an organization that supposedly represents them to the legislature and to other health care organizations, then how credible is that?

As health professionals, we are trained in evidence-based medicine and on a daily basis, we educate our patients about risk factors and hope that they take that advice to heart. Sometimes we recommend that they change some aspect of their lives in order to prevent disease or if they have a disease, we try to decrease risks of developing complications. In the same vein, MAPA sought out the advice of professionals trained in running an organization and lobbying the legislature. These professionals know of the risk factors to our professional health and give us advice as to how to improve upon the existing practice laws and to decrease the risks of negative laws complicating our practice. These professionals hope us as PAs take their advice to heart and strengthen MAPA by increasing membership and thus, our collective voice.

If you have an issue with your practice, gives us a call or if you have an idea to improve your practice environment, send us an email. We encourage you to attend our Annual Fall CME Conference in Traverse City this year, to gain valuable information and network with other PAs. To have an organization that effectively represents your future as a PA here in Michigan, then **we need your membership**. Not everyone has the ability to volunteer their time to help make MAPA more effective; but by becoming a member, it gives those that do volunteer the voice, strength and energy to continue championing for all Michigan PAs. **PA**

by: Rosalind Sally Moldwin, PA, DFAAPA

AAPA Foundation **PA**rtners with Reading Project in Sanilac County

An exciting partnership was born when the AAPA Foundation awarded \$2500 as seed money to the Sanilac County "Reach Out and Read" project. This non-profit organization promotes literacy through primary care practitioners. Books are provided as a routine part of the pediatric primary care visits. At each well-child visit, from 6 months to 5 yrs. of age, infants, toddlers and children receive a new developmentally and culturally appropriate book from their medical provider to help promote early literacy and school readiness.

The Sanilac County project, which is a subsidiary of the Michigan coalition of 'ROR', grew wings with the support of several interested parties. Namely, the director of Kids' Connection, Nancy Dean, Great Start Collaborative of Sanilac County coordinator, Karolyn McEntee, MSU Extension Early Childhood Educator, Gail Innis and myself. Although retired, I am still active in AAPA and a member of MAPA's Foundation, Board of Trustees.

We dreamed and wrote the proposal for the grant from AAPA's Foundation and found interest for this project from many healthcare providers in our community. This collaborative effort and grant money will help launch "Reach Out and Read" (ROR) programs in 3 more health care offices over the next three years. Currently, Melanie Kramer, M.D. is the only physician who is providing this program to her young patients. Dr. Kramer and her staff are committed not only to the physical health of children, but also to their overall well-being. The 2010 target facility is Deckerville Community Hospital; future program sites



L - R: Louise Blasius, R. Sally Moldwin, PA, Nancy Dean and Karolyn McEntee

in Brown City with the aid of Kim Verellen, PA-C, the Sanilac Health Dept. and possibly with Lori Nugent, PA-C, in Sandusky. Other healthcare offices/facilities are being encouraged to join in this project. It is very heartening to receive encouragement and support from a variety of sources, even in these constrained

economic times. Support in Deckerville comes from the local library in the form of books and programs, and from the Deckerville Hospital Auxiliary volunteers.

The partnering of medical practices, physicians, PAs and nurses will be key to the success of this program for our youngest residents. Literacy needs to be fostered from birth and not delayed until the commencement of formal education.

It must include the critical early stages of development, beginning at 6 months of age, when children have the capacity to absorb so much. This program will help children entering kindergarten to be better prepared to succeed. Children of this program have larger vocabularies and stronger language skills, an equation for future success. What a gift we can give our children, who are our future!

To learn more, visit the "Reach Out and Read" website at www.reachoutandread.org

*What a great
contribution to the
health and well-
being of our families
and communities*

WHO AM I?

I have recurring inflammatory/thrombotic episodes of distal extremities

I typically affect male patients, 20-40 years of age

My patients tend to live along the 'Old Silk Route'

King George VI suffered from me

I am strongly associated with smoking and tobacco products

(answer in next 'MichiganPA') (previous **Q₃** answer: Wilson's Dz)

Q₃
quarterly
quiz
question

MICHIGAN PA IN THE SPOTLIGHT



MAPA is proud to recognize **Barbara A. Grinwis, MA, PA-C** as our 'Michigan PA in the Spotlight.' Barbara is a graduate of Western Michigan University PA program and soon became a faculty member at WMU. She has worked as a Family Practice physician assistant and currently holds a graduate Certification in Gerontology, and is employed at the Geriatric Assessment Center in Kentwood, MI.

Barbara is well published and has frequently spoken at PA conferences, both on the state (MAPA) and national (AAPA) level. She has also received awards for Excellence in Teaching, Community Leadership and Business.

What elevated Barbara to be MAPA's 'Spotlight PA' are her tireless efforts as Executive Director and co-founder of the 'Oasis of Hope Center' in the Grand Rapids area. The 'Center' is one of three free medical clinics in Michigan that helps provide medical care and basic skills education to the disadvantaged and uninsured. The only reward sought is inspiring hope and wellness in the clients that are seen at the clinic.

It is with great pride and humility that MAPA recognizes Barbara A. Grinwis, MA, PA-C as our 'Michigan PA in the Spotlight.' Congratulations!

Professional Series

by: Phil Schafer, PA-C
Legislative & Governmental Affairs Chair

PC/PLLC Approved for PAs

Michigan to Resume Approval of Professional Corporations for PAs

On July 19th Governor Granholm signed 3 bills that clarify and place into law a PAs ability to form a Professional Corporation (PC) and Professional Limited Liability Corporation (PLLC) again here in Michigan. Prior to these laws, the only authority for approval rested upon the changing opinions of state bureaucrats as to whether a PA could form a PC or PLLC. After 6 years of denial and delays on the part of the state, we now have direction that the state can follow in approving these applications. PAs are now specifically listed among those professionals that may under the law, form a professional corporation. In addition, it has been made clear that PAs and Physicians may form these corporations as partners again. What is new however is that a physician must be a partner in any new professional corporation that is created by a PA, of at least a 1% shareholder as required by Medicare. No longer can a PA, or group of PAs be sole owners of a new PC or PLLC. A grandfather clause was established for those corporations already solely owned by a PA or group of PAs. The new laws also require PAs to disclose their ownership in a PC or PLLC on their license renewal, as well as list partners / supervisors in the Corporations. For those PAs who are not part owner in such professional corporations, nothing has changed.

Many PAs and physicians across our state have been waiting for this law to pass so that they can establish new practices and corporations. This new law will create new jobs, increase access to health care, and enhance the physician / PA team model for delivery of health care. MAPA would like to thank key members of the state legislature for their help, including Senator Tony Stamas who authored the bills, Senator Tom George and Representative Marc Corriveau who assisted passage of the bills through the Senate and House.

by: Krisinda Palazzolo, PA-C
U of M, Dept. of Radiation Oncology

The Ever Rising Cost of Care, Is it a Cancer?

‘How much would you pay’ for a gallon of milk or a gallon of gas? Three, four, five dollars, or are you a prudent buyer and wait for a sale? Do you find yourself driving an extra mile to pay a little less? This same question is applicable to the medical field; “How much would you pay for quality health care?” In the U.S., the cost of health care has increased faster and risen higher than any other product, over the years. In 2009, we spent \$2.5 trillion or 16% of our GDP on health care, and projections for 2010 puts our spending at over 17% of our GDP; 50 years ago, we spent a mere 5% of our GDP on health care. Some researchers predict by 2020, one out of every five dollars will go to health care spending. For comparison of this looming trend, in 1980 we spent \$253 billion and in 1990, about \$714 billion. The U.S. is second in the world for health care spending, yet we lag behind in many areas, from infant mortality rates to average life expectancy. A recent article from the AP quoted Warren Buffett on this issue, he said: “That kind of a cost, compared with the rest of the world, is like a tapeworm eating at our economic body.”

The health care expenditure topic is very polarized, with questions surrounding access, efficiency

and quality, not to mention the government’s impact with reform. These questions proposed have no clear cut answers. Most U.S. citizens agree that we need reform; however, most are still divided as to how to proceed effectively. So the question is: “What can I do, or what can us as PAs do to help with this economic burden?” Is there a way in your practice to help reduce costs and still yield quality health care to your patients? This should be a daily concern for all practicing Physician Assistants.

There are many suggestions as to why we are spending more on health care. Advancements in technology and drug development, an aging population, chronic disease, increase in uninsured and underinsured patients, are a few that have been named. Some have speculated that the cost of cancer care has played a major role in our health care spending. As a PA working in Oncology for the last 10 years, I am familiar with these costs. The average costs for breast cancer treatment can range from \$50,000 - \$100,000 or more by the time active treatment is completed. The cost to treat a locally advanced lung cancer ranges between \$25,000 - \$40,000. This begs the question, “Why so much and what is the value of that care?” The ‘what is the value’ portion of the question is difficult to answer. As an example, Lung Cancer treatment only prolonged life expectancy by 1 month in a 15 year

period from the early 1980’s to the late 1990’s; in that same timeframe, expenditures jumped to over \$20,000 per patient. Another example of spiraling costs, 5-fluorouracil (5-FU) was initially marketed in 1970 and is still commonly used in the treatment of colorectal cancer and costs mere hundreds of dollars, while some of the new immunomodulator therapies costs thousands, some over \$50,000 for 6 months of therapy.

The new therapies of cancer treatment have come to the marketplace at substantially higher costs than its predecessors

and some studies suggest clinicians are choosing these more expensive therapies for their patients. The argument is that money is needed to support research and drug formulation to develop these new treatment regimens, but with this R & D comes a large price tag. According to the NCI, the cost of cancer care has hovered around 4.5% of all health care expenditures, from 1963 to 2004. What is alarming is that total expenditures catapulted from \$1.2 billion to over \$72 billion.

A recent article broke down the cost of cancer care into three entities: cost of primary active treatment, follow-up treatment with surveillance (typically five years after comple-

tion of active treatment) and treatment delivered in the last 12 weeks of life. Each of these three separate treatment “times” of care was about one-third of the total cost of the care. It was interesting in that one third of the care is delivered when the outcome is terminal. It is this last point that makes me wonder about the value of our care. When do we take a step back and re-focus on what we are doing and why and, more importantly, what is the end goal. It is never easy to admit defeat and it is never easy to stop or accept a poor outcome when one is facing their own mortality. The question is ‘how far and for how long do we push.’ A recent discussion I had with an insurance representative from one of the major airlines brought this message home. She reviews every insurance claim submitted by her more than 62,000 employees and their dependents. She discussed three separate claims for cancer care that totaled a million dollars each and who ultimately succumbed to their cancer before the claim could be completed. These three patients represent a very small fraction of the 62,000 people she oversees, and this is just one U.S. company.

So, when you leave work today and stop to buy that gallon of milk or to fill your tank up with gas, think of ways that you can help reduce spending at home and at work. Ask yourself, is there a way to become more efficient or economical in my practice, without sacrificing patient care and diagnosis. Our modus operandi of ‘Do No Harm’ should never preclude us from ordering a test to help confirm a diagnosis or from making the appropriate treatment recommendation. It should, however, make you think about short and long term goals and ‘What is best for the patient.’ **PA**

Let Us Introduce You to the Michigan PA Foundation

by: Kathleen J. Dobbs, PA-C
MI PAF President

Did you know...

The Michigan Physician Assistant Foundation (MI PAF) has been giving out scholarships to Michigan PA students and promoting research by PAs for the past 19 years?

- Since 1991, **MI PAF has given out \$67,500** in scholarships?
- The MI PAF depends on donations to fund scholarships and research efforts?
- The MI PAF is not a part of MAPA, but works collaboratively with MAPA and its leaders to benefit the Michigan PA profession?
- If every practicing PA in Michigan donated \$100 a year to the MI PAF, that would yield more than \$300,000 to fund scholarships for financially strapped MI PA students and additional PA research to strengthen the profession in Michigan?
- The Student Quiz Bowl at MAPA's Annual Fall CME Conference is organized and sponsored by MI PAF?
- The ‘Silent Auction’ that is held Saturday night at MAPA's Annual Fall CME Conference is a fundraiser for the MI PAF and all the items are donated by dedicated PAs like you?
- The MI PAF is a 501(c)3 non-profit institution – meaning **your donation is tax deductible?**
- Over the years, the MI PAF board of directors has been made up of educators, clinicians, community leaders, organizational leaders, public policy experts, PAs, non-PAs, lawyers and entrepreneurs, who volunteer their time so 100% of all donations go for scholarships or research purposes?
- The MI PAF board of directors is looking for input and involvement from early and mid-career PAs and recent graduates to help shape our next phase of growth?

Make your 2010 donation to the MI PAF today! Donations by check can be sent to: MI PAF 4150 Hunsaker Street, Suite D, PMB 129, East Lansing, MI 48823 or you can charge it by contacting the MI PAF Treasurer, Jack Kircher, PA-C jkircherpa@aol.com or visit our website www.mipaf.com. Please join us at the MAPA's Annual Fall CME Conference at the Grand Traverse Resort and Spa on Friday evening, October 15, 2010 to cheer on PA Students at the Quiz Bowl. And don't forget to bid on auction items on Saturday evening, October 16, 2010 just prior to the ‘Member's Banquet’. If you want to donate an item for the Silent Auction, bring it to the conference or give us a call at 248 477 4239.

Remember, the PA Profession is proud to say that we support our future colleagues during their education and training. Donating to the MI PAF for scholarships and research support is a way to help keep our profession growing and strong.

MAPA's 35th Annual Fall CME Conference

October 14-17, 2010

Grand Traverse Resort and Spa

Physician Assistants

Changing
the Landscape
of Health Care



It is time for the 35th Annual Michigan Academy of Physician Assistants Fall CME Conference!

We are returning to a favorite venue this year, the Grand Traverse Resort and Spa. This is one of Michigan's more scenic destination resorts with shopping, championship golf and wineries and vineyards to visit. The theme for the conference is **"Physician Assistants, Changing the Landscape of Health Care."**

A wide range of topics will be presented, from Chronic Kidney Disease to Traumatic Brain Injury, DM, HTN, A-fib, Depositions, Menopause and many more. It will also include some of your favorite speakers of

previous MAPA Fall Conferences along with some nationally ranked speakers. We will have several workshops for your attention, including slit lamp, vein injections, casting and EKG. There will be the opportunity to obtain over 24 hours of Category I CME credits as well as meeting friends, colleagues and networking.

This year we are planning the **MAPA Movie Premier** "A Struggle to Grow: The Early Years of the Michigan Academy of Physician Assistants" on Friday Oct. 15.

Saturday Evening will have a 'Silent Auction' followed by the 'Members Banquet' with 'Strolling Supper' and Casino Games Night. Plan to join MAPA and your colleagues for some education, fun and relaxation.



'Top Ten Reasons' to attend MAPA's Annual Fall CME Conference:

10. MAPA Community Service Project benefitting Goodwill Inn Homeless Shelter of Northern Michigan
9. University Receptions
8. Academy Awards and MAPA Movie Premier
7. Student Track Sessions
6. The resort pool, Spa, walking trails and championship golf courses
5. The exhibit hall with many exhibitors
4. Family Fun Nights with hayride, bonfire, crafts, 5K Fun Run, movie and wine tours
3. Saturday Evening 'Silent Auction' to benefit Michigan PA Foundation and 'Members Banquet' with Strolling Supper and Casino Games Night
2. Networking/Visiting with colleagues/friends/classmates and the number one reason to attend MAPA's Fall Conference
1. Over 24 hours of Category 1 CME credits available and hands on workshops



Conference Extras

- Indulge yourself at the Resorts' Spa and championship golf courses
- Wine Tours return by popular demand on Friday, Oct. 15
- Discount passes for Great Wolf Lodge water park
- Family Fun Nights- Thursday, Oct. 14 Arts & Crafts; Friday, Oct 15 Movie Night
- Hands On workshops
- MAPA Movie Premier, Friday Oct. 15
- 5K Fun Run
- Tai Chi and Relaxation Station
- 'Silent Auction' Saturday Evening to benefit Michigan PA Foundation
- 'Members Banquet' with entertainment on Saturday, Oct. 16
- PA Week/MAPA Community Service Project clothing drive to benefit 'The Goodwill Inn' Homeless Shelter of Northern Michigan



Registration is available on-line at www.michiganpa.org

Preliminary conference agenda is posted on line. If members register prior to September 10, 2010, the registration fee is discounted to \$300.

Joining Members receive a discount on membership by signing up for both membership and for the conference at \$450 by September 10, 2010.

Fellow member registration includes breakfasts and lunches, plus Saturday evenings' 'Members Banquet' and entertainment. Book your room early for the discounted conference rate. For more information, go to MAPA's website or call MAPA office at 517-336-1498.

A photograph of a theater stage. A large white screen is centered on the stage, flanked by dark blue curtains. The screen displays the title of a movie in bold black text. The theater seats are visible in the foreground, and the stage floor is dark.

“A Struggle to Grow: The Early Years of the Michigan Academy of Physician Assistants”

NOW SHOWING at this years' MAPA Fall Conference, a World Movie Premier of: **‘A Struggle to Grow: The Early Years of the Michigan Academy of Physician Assistants.’** This video was filmed during the 2008 MAPA Fall Conference and documented the challenges faced in the early years by the founding members of MAPA. Don't miss this interesting and entertaining production as it examines our Academy's history!

Community Service Series

PA's to “Drop Their Drawers” for Charity

Every year MAPA selects a charitable organization to support at its Annual Fall CME Conference. This year we have selected 'The Goodwill Inn' of Traverse City.

'The Goodwill Inn' has been providing a safe haven for individuals and families in crisis since 1986. The shelter is the largest and most comprehensive homeless shelter in Northern Michigan; operating 24 hours a day, 365 days per year. 'The Goodwill Inn' provides safe warm beds, meal necessities, clothing and individual support to help residents get back on their feet. The services that the 'Inn' provides go beyond the shelters' residents, with food and personal care baskets given to over 2000 of its community neighbors.

'The Goodwill Inn' is in desperate need of underwear, so MAPA is holding an underwear drive called **“Drop Their Drawers”** for this charity at its Fall CME Conference. We are asking conference attendees to bring men's, women's and children's underwear, t-shirts and socks, in all sizes. No used ones please!

For PA students, each school will be competing for the prized 'Underwear Trophy'; which will be awarded to the PA school that donates the most items. Good Luck and Thank You for giving back to the community hosting our conference!

For more information regarding 'The Goodwill Inn', please visit www.goodwillmi.org



MAPA's New Initiatives for Membership

The members that constitute MAPA's Board of Directors want to share the importance membership is in the Academy and the impact on the PAs of Michigan. MAPA membership dues account for 44.2% of MAPA's operating budget. This revenue allows for quality CME, support of legislative and reimbursement efforts and advocacy for our members. For over thirty years, MAPA has been steadfast in protecting the ability of Michigan's PAs to practice medicine and advance our profession.

MAPA's efforts towards Membership has continued to make strides and is one of MAPA's Strategic Goals that will help secure the future of our Academy. Currently, **only 24%** of licensed Michigan PAs are MAPA members; therefore, it is vital that we increase membership numbers to help support and continue our advocacy efforts. **The more members we have in MAPA, the stronger our voice will be for supporting PAs in Michigan.**

In an effort to become more connected to Michigan PAs, MAPA has outlined five new initiatives that will help retain members and recruit new members. We are working at making the membership process more user-friendly, gain your trust and provide more tangible benefits for our members.

Initiatives:

1. Membership Packets- The Membership Committee has renovated packets for both 'New Members' and 'Renewing Members.' This fall, your membership card will be plastic, more visibly appealing and include important contact information. The Membership Packets will also include a letter from MAPA, a PA Resource card and a token of our appreciation for your membership.

2. Automatic Membership Renewal Discount- We are offering a **10% discount** on dues when you take advantage of the Automatic Membership Renewal Program. This allows a PA to have their membership renewed automatically each year, with dues charged directly to their credit card; this prevents any lapse in membership or benefits. When you choose Automatic Membership Renewal, your **yearly dues would cost \$157.50.**

3. Joining Member Rate - A non-MAPA PA may join MAPA as a Fellow while attending a MAPA CME event; with a discount on membership dues. A discounted Fellow membership rate of \$150-, for the first year only, will be added to the conference registration fee. Subsequent yearly MAPA Fellow membership dues will be billed at the prevailing MAPA Fellow rate.

4. Total Enrollment Program- This program is available to all 5 Michigan PA schools. When 100% of a graduating class becomes student members of MAPA, **we will give back 5%** of the class dues paid to the student academy organization. This is a way for PA students to generate money for their student organization while enjoying the benefits of being a MAPA member.

5. Conversion Rate Program- This Program will help transition membership status of a MAPA PA student into a MAPA PA Fellow. **As a new graduate Fellow in MAPA, the membership rate will be \$100- for the first year only**, with all the benefits entitled as a Fellow. Subsequent yearly MAPA Fellow membership dues will be billed at the prevailing MAPA Fellow rate.

6. On-Line Survey- MAPA has also sent out an on-line survey to all PAs in Michigan, both members and non-members of MAPA. The survey is crucial to our discovery of what PAs in Michigan think and feel about MAPA and the position this Academy plays in the stewardship of your profession. Hopefully, with your responses, we will be able to address your concerns and issues and shape MAPA into a more user-friendly and member-oriented Academy. By taking a few minutes to answer the MAPA survey, you will receive a **FREE gift**, courtesy of MAPA. Don't miss out on this opportunity to give us your opinion about your Academy and receive a FREE gift. We want your response!

These new membership initiatives will increase membership in the Academy, provide you with a stronger professional network, and give MAPA a more prominent position in Michigan's medical arena, as we continue to protect and advance our profession.

MAPA BOD and MAPA's Membership Committee

MAPA Region 4 Update

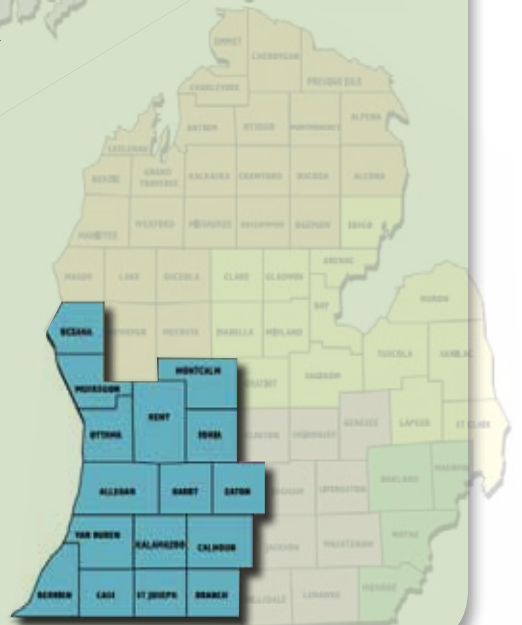
by: R. David Doan III, MS, PA-C

Region 4 held a summer meeting/dinner in Kalamazoo on July 20th. There was a fairly good turnout of PA attendees from the Kalamazoo area to hear an informative lecture held at Webster's in the Radisson. A lecture focusing on 'Osteoporosis Treatment' was sponsored by Roche and GSK.

The meeting portion of the night was spent discussing the upcoming MAPA Fall CME Conference and the changing of the guard in Region 4. I was introduced to the attending PAs as the new Region 4 Representative. The out-going Region 4 Rep., Jessica Wilson, PA-C will be missed, but she is committed to MAPA and is still active on the Membership Committee, plus, will continue to be an asset to the Academy.

At the time of the writing of this update, another dinner meeting, in the Grand Rapids area, was being planned to accommodate the members and non-members alike in the northern stretch of Region 4.

I look forward to hearing from many of you from my region on your questions, concerns or comments regarding our profession and your Academy, plus continuing to work on your behalf!



Michigan PA Newsmakers

Sue York, PA-C and current MAPA President wrote an article published by the Oakland Press, dated 7/16/10.

"Physician Assistants Improving Health Care." This article detailed the necessity and impact PAs have on health care delivery. Great job Sue for spreading the word of PAs and how we are positively changing health care!

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 both 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 for relevant articles. 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 e-mail: cjnoth@yahoo.com We want to hear from YOU!

“Are You Ready for Some Football?” ... Concussions?

It's that time of the year again; football season is ramping up in high schools, colleges and professional. Over the last few years, more attention and an increased public awareness has been made over the safety of football players and the number of concussions sustained. Concussion is classified as a mild traumatic brain injury (TBI) and should be taken seriously. Most football related concussions are the result of improperly fitted helmets and the mechanism of injury is from blunt force or acceleration/deceleration; concussions are not exclusive to football. According to the CDC, each year emergency departments treat an estimated 135,000 sports and recreation related TBIs, including concussions, among children ages 5 to 18. This number in reality is likely much higher, as many concussions go undiagnosed. Reason being, many people do not recognize the signs/symptoms of a concussion and most occur without a loss of consciousness.

If you suspect an athlete has sustained a concussion, they should be removed from the playing field immediately and medically evaluated. Observation is recommended for at least 24 hours after a mild TBI because of the risk of intracranial complications, such as cerebral edema or subdural hematoma. Anyone with loss of consciousness should be referred to the ER. Other symptoms that require immediate medical attention are inability to awaken the patient, severe or worsening headaches, increased somnolence or

Signs/Symptoms of a Concussion

- **Hallmarks** are confusion and amnesia, often without loss of consciousness (Amnesia for the traumatic event is common and there is frequently loss of recall for events immediately before and after)
- Vacant stare, disorientation and memory deficits
- Slowed verbal expression and/or slurred/incoherent speech
- Inability to focus attention or easily distracted
- Incoordination, stumbling and inability to walk
- Early symptoms (minutes to hours): headache, dizziness, vertigo or imbalance, lack awareness of surroundings, nausea and vomiting
- Late symptoms (hours to days): patients may complain of mood issues (irritability), photo- and phono-phobia and sleep disturbances. Post-traumatic headaches occur in 25% to 78% of patients after mild TBI

[Be aware that mild TBI does carry a twofold increase risk of epilepsy, for the first five years after injury]

confusion, seizures, vomiting, stiff neck, urinary or bowel incontinence, weakness or numbness involving any part of the body.

The duration which an athlete needs to abstain from sports is variable among

experts. However, there are guidelines that were developed to aid in assessing when an athlete can return to play; Cantu and Colorado guidelines. Both guidelines recommend that athletes with suspected concussion be removed from participation immediately. Athletes should not return to play while signs/symptoms of a concussion are still present and should be asymptomatic for one week before resuming play. Repetitive concussions carry the risk of long term sequelae, such as neuropsychological deficits, increasing severity and duration of mental status abnormalities after each separate incident, behavior and personality changes, depression, and suicidal ideation. Parkinsonism and other speech and gait abnormalities have also been described. In a 2009 neuropsychological comparison study by De Beaumont et al, it was noted that if an athlete suffered concussions while competing in sports, there was an associated lower performance on memory testing versus non-concussive athletes. Dementia pugilistica (also called chronic boxer's encephalopathy or boxer's dementia) is recognized as sequelae of chronic TBI in boxers and is also seen in athletes who suffer or have a history of concussions. CT Scans of these athletes have also demonstrated cerebral atrophy and there is a possible link between Alzheimer's disease and repetitive concussions as well. For more information on this topic, please visit the CDC website at www.cdc.gov or the Brain Injury Association of Michigan at www.biami.org PA

Submitted by: R. David Doan III, MS, PA-C

Shedding Some Sun-Light On: Vitamin D

There has been an increased interest in Vitamin D over the past few years, with a renewed look at Vitamin D deficiency and other areas in medicine where Vitamin D seems to be a key player. We get most of our Vitamin D from sunlight exposure; so as Physician Assistants working in a state with cloudy skies most of the year, looking for Vitamin D deficiency may be something that needs to be more routine in our practices.

Vitamin D is a fat soluble steroid-like hormone and has at least 5 known forms; D1-D5. Only two forms are known to be important to humans: D2 & D3. We get Vitamin D2 from plants or fortified food and the source of D3 is from animal foods, which is converted in the skin from sunlight, via photosynthetic conversion. Vitamin D3 is made through a number of reactions starting with skin exposure to UVB rays and subsequent hydroxylation's in the liver and kidneys. Vitamin D is broken down into the active form, 1, 25-dihydroxyvitamin D (or Calciferol), which is largely responsible for the regulation of calcium and phosphorus homeostasis.

Calciferol (1, 25-dihydroxyvitamin D) regulates calcium and phosphorus by acting on the intestines to absorb more calcium and the bones to release stores of calcium, this process is stimulated & tightly controlled by the parathyroid hormone (PTH). When the amount of calcium in the extracellular fluid (ECF) is decreased, PTH secretion

increases, allowing for more absorption of calcium in the epithelial cells of the small intestine. 1, 25-dihydroxyvitamin D stimulates absorption of calcium by forming calcium binding protein, calcium-stimulated ATPase and alkaline phosphatase. These molecules

are needed to carry calcium across the cell membrane for absorption. Phosphate ions are absorbed in a relatively unregulated manner, but absorption is elevated by 1, 25-dihydroxyvitamin D.

In cases of renal disease, there will be a decrease in 1, 25-dihydroxyvitamin D production, leading to a decrease in calcium absorption in the gut and a subsequent 'pulling' of calcium from the bones. This softening of the bones from demineralization is called Osteomalacia. When there is a decrease in GFR, as seen in renal disease, there is a resultant increase of phosphate in the blood, because the phosphate ions are not adequately removed by the kidney. This leads to a decrease in serum calcium as the phosphate will bind available calcium. PTH then rises in response, leading to a release of calcium from bones making the bones weak, further demineralizing these already weakening bones.

Adequate amounts of 1, 25-dihydroxyvitamin D are important for bone growth & preventing thin, brittle bones and rickets in children and osteoporosis and osteomalacia in adults. Recent studies have indicated that Vitamin D levels also appear to be involved in cholesterol & cardiovascular disease, age-related cognitive dysfunction & dementia, asthma, cancer prevention, correlations with autism, multiple sclerosis, Alzheimer's, fibromyalgia and psoriasis treatment.

Vitamin D Insufficiency is defined as a serum 25-hydroxyvitamin D [25(OH)D]

level of 20-30 ng/mL, while Vitamin D Deficiency has a serum level of <20 ng/mL. Risk factors associated with lower levels of vitamin D include: Age > 65, breastfed exclusively without vitamin D supplementation, dark skin, insufficient sunlight exposure, medication use that may alter vitamin D metabolism (glucocorticoids, anticonvulsants), obesity and sedentary lifestyle.

Vitamin D insufficiency symptoms may be subtle and difficult to identify, while Vitamin D deficiency tends to have more prominent symptoms, but due to similarities to other conditions like fibromyalgia or depression, is often overlooked by clinicians. Deficiency in children may include symptoms of softened and misshaped bones, deformities leading to growth retardation, enlargement of epiphyses of long bones and leg deformities. In adults, deficiency often presents with symptoms of global bone discomfort, muscle aches, proximal muscle weakness, increased falls and symmetric low back pain. Diagnosis is made with a thorough history and physical, reviewing symptoms and risk factors and obtaining a 25(OH)D level.

Treatment of low Vitamin D should include exposure to sunlight and OTC vitamin D3 supplementation. The American Academy of Pediatrics recently doubled their recommendation of a minimum daily intake for children & adolescents to 400 IU, (that is four 8oz glasses of Vitamin D milk/day). If a patient is vitamin D insufficient or deficient, he or she should take 800-2000 IU/day of OTC Vitamin D supplementation. If a patient has increased risk factors, are limited to sun exposure, or obese, he or she should take closer to 2000 IU/day. Sunlight exposure for 15-20 minutes to an area of uncovered skin (like forearms) daily without sun-block will generate the equivalent of 1000 IU of vitamin D.

'Green Initiative'

Over the last decade or two, the buzz words heard around the world are “going green.” This can have multiple connotations and yet the impact on the environment can be very positive. More and more products and packaging are recyclable and are made from recycled material in an effort to ‘go green.’ We all have seen this recycling triangle, the



three arrows representing: **Reduce, Reuse, Recycle.** As I’m sure you are all aware, the ultimate form of Recycling is **organ donation**; their motto, ‘Why take it with you?’ Some are

introducing a 4th ‘R’ namely, **Repurposing.** This is using an object for a purpose different from initial intentions and instead of discarding the object.

Recycling materials is expanding its scope; plastic, glass and aluminum was the mainstay of recycled products. Now clothing, cardboard, wood, Styrofoam are being recycled to help decrease landfill amounts. These products are being recycled to form synthetic woods, carpeting, insulation and even natural gas emissions from a landfill are being recaptured.

‘Going Green’ can mean wind turbines for energy, reusable cloth grocery bags, electric cars, compact

fluorescent lamps (CFLs) or filtering your own drinking water. These and many more like measures will help to reduce our ‘carbon footprint’; which is the total amount of greenhouse gas that is produced (i.e., CO₂) from an individual, company or country. Reducing the carbon footprint will help to increase the longevity of our planet and extend the life and availability of our non-renewable resources.

This is a challenge to all readers to offer ideas for ‘going green’, think outside the green triangle. Responsible stewardship towards the environment and patient care is not just the concern of ‘tree huggers’, it is all of us. MAPA is leading the way in helping reduce its carbon footprint as an organization, by becoming more environmentally conscious.

Reducing the use of paper and plastic products and recycling where possible is the responsibility of all members of MAPA’s BOD and Committees. We want to extend this invitation to all PAs in Michigan to help us in this ‘Green Initiative.’ The “Envy” Award will be given out to those PAs who have novel or innovative ideas that are green and these PAs and their ideas will be published in the ‘MichiganPA’. Submit your ideas to the ‘MichiganPA’ Editor at cjnoth@yahoo.com



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

Michigan Physician Assistant Foundation (MI PAF) at www.mipaf.com

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

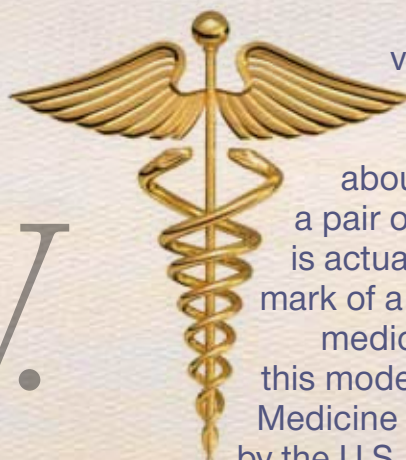
A total of 53 Members have joined MAPA since 5/19/2010:

Samantha Baker	AFM	Kalamazoo, MI
Jessica Berry	AFM	Swartz Creek, MI
Anna Borovich, PA-S	STU	Bloomfield, MI
Jacqueline Bruno, PA-S	STU	Gse. Pre. Woods, MI
Vanessa Chrenenko, PA-S	STU	Orlando, FL
Clair Cooper, PA-S	STU	Detroit, MI
Jennifer Cox, PA-S	STU	Canton, MI
Angela Derrick	AFM	Midland, MI
Arynn Downs, PA-S	STU	Inkster, MI
Nick Dyer, PA-S	STU	Chelsea, MI
Elizabeth Estes, PA-S	STU	Farmington Hills, MI
Gary Fannon, PA-S	STU	Brighton, MI
Lauren Goedtel	AFM	Clinton Twp., MI
Anne Hall, PA-S	STU	Ann Arbor, MI
Brittany Immink, PA-S	STU	Plainwell, MI
Michael Johnson, PA-S	STU	Plymouth, MI
Andrea Jones, PA-S	STU	Mt. Pleasant, MI
Elizabeth Kplecha, PA-S	STU	Walled Lake, MI
Nicholas Lorenz, PA-S	STU	Troy, MI
Kristin Loush	AFM	Troy, MI
Nikole Maddes, PA-S	STU	Macomb, MI
Katelyn Malo, PA-S	STU	Chesterfield, MI
Vera Lucia Mendes-Kramer, PA-S	STU	White Lake, MI
Tricia Miedema, PA-S	STU	Caledonia, MI
Jamie Mixter, PA-S	STU	Saginaw, MI
Lisa Myroniuk	AFM	Shelby Twp., MI
Theodora Nae, PA-S	STU	Troy, MI

Shannon Neda, PA-S	STU	Westland, MI
Andrea Nido, PA-S	STU	Charlotte, NC
Robert Norman, PA-C	AFL	Tampa, FL
Brittany Nuccitelli, PA-S	STU	Farmington Hills, MI
Nicole Oshanski	AFM	Allen Park, MI
Jennifer Oswald	AFM	Lansing, MI
Rebecca Paige, PA-C	FEL	Sparta, MI
Katie Potts	STU	Mt. Pleasant, MI
Madhu Prasad, PA-S	STU	Ann Arbor, MI
Joshua Radi, PA-S	STU	Battle Creek, MI
Peter Ret, PA-S	STU	Westland, MI
Marcie Schlaud, PA-S	STU	North Branch, MI
Meaghan Snowdin, PA-S	STU	Mt. Pleasant, MI
Elizabeth Steiner, PA-S	STU	St. Clair Shores, MI
Jessica Stratton, PA-S	STU	Garden City, MI
Anita Summerville	STU	Lake Orion, MI
Jay Swanson, PA-S	STU	Grand Rapids, MI
Sarah Turfe	AFM	Dearborn, MI
Jessica Tyrell, PA-S	STU	Rockford, MI
Ashley Vlk, PA-S	STU	Livonia, MI
John Wallace, PA-S	STU	Lake, MI
Sara Wilchowski, PA-S	STU	Northville, MI
Amanda Williams	STU	DeWitt, MI
Anthony Wright, PA-S	STU	Macomb Twp., MI
Lucas Wyzlic, PA-S	STU	Ironwood, MI
Katherine Young, PA-S	STU	Shelby Twp., MI

Did you know?

Caduceus- the symbol of Medicine, was originally a single serpent entwined around the staff of *Asklepios* (the Greco-Roman God of Medicine). The serpent symbolized revitalization, because it sheds its skin.



The modern version of two serpents entwined about a staff with a pair of wings atop, is actually a printer's mark of a 19th century medical publisher; this modern symbol of Medicine was adopted by the U.S. Army Corps, circa 1902.

PAMPAC Needs Your Assistance

The Physician Assistants of Michigan Political Action Committee (PAMPAC) requests your assistance to continue its Legislative Advocacy for your profession. PAC allows donations to legislators that are PA 'friendly' and who support legislature directly affecting PAs in Michigan. It also allows MAPA's lobbyist, Mike DeGrow the ability to attend fund-raisers and network with the legislators and advocate for PAs. A donation to PAMPAC is a down-payment on your future. Below are some of the recent contributors to PAMPAC:

Brian/Theresa Gallagher
Daniel/Angela Lemon
Suzanne/Roger York
Gary/Bonita Gawel

Rick Kedzierski
Clare DePue
Donna Hines

Jason/Sara Evans
Michael Coraci
Karl Wagner

We Thank those who have donated and look forward to your contribution!

Quote:

*"The happiness of
your life depends
upon the quality
of your thoughts."*

Marcus Aurelius

*Roman Emperor and Philosopher King
121-180 AD.*

PA **FAST
FACT**

The State of Michigan
has the 6th largest
number of practicing PAs.

PLANNER

MAPA Strategic Planning Meeting

DATE: Saturday Sept. 11, 2010
TIME: 8am – 4pm
LOCATION: MSMS Building
East Lansing, MI

National PA Week!

*Celebrate being a Physician Assistant
with your colleagues and friends.*

DATE: Oct. 6 – 12, 2010
LOCATION: Wherever you are!

EVENTS / SEMINARS / CLASSES / CONFERENCES

MAPA's 35th Annual Fall CME Conference

*"Physician Assistants, Changing the
Landscape of Healthcare"*

DATE: Oct. 14 – 17, 2010
SITE: Grand Traverse Resort & Spa
Traverse City, MI
FEE: Refer to Registration Form on-line
INFO: www.michiganpa.org or call
1-877-YES-MAPA

MAPA's Professional Issues Symposium

DATE: Saturday April 16, 2011
SITE: TBA



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LANSING, MI
PERMIT NO. 992

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



'The Last Word...'

In our busy lives as PAs, the work we perform and the patients we treat help define us and our careers.

I'm sure most of us have had contact with a patient that has left an impression of which will be difficult to forget. The impact of this interaction may even make you change your outlook and the way you practice in some small way. As you remember these patients or other events that have re-defined your practice habits, it can be helpful to reflect.

It has been stated that reflection should not be time-consuming, but well timed. There are times in our lives that will typically cause us to reflect; if it's watching your child graduate or get married, a professional achievement or even a tragic personal event. These moments give us a measure of ourselves and our lives and seem to resurface when similar events/times present themselves to you.

Reflection can occur at any time or place. Whether standing at a docks'-end over a tranquil lake in the early morning hour, looking in a mirror after a long days' work or watching your child sleep. It can give you balance or a different perspective on a situation, and hence, reasoning behind the outcome. Reflection can be disheartening or cathartic, but hopefully, beneficial.

So, as you look back over your career, life or yesterday's patient list, you will remember times and people/faces that have 'touched' you and have caused a change. To this end, the 'MichiganPA' newsletter will start a series of articles from Past-Presidents of MAPA that reflect on the Academy and the struggles and achievements of PAs in Michigan over the years.

Chris Noth, PA-C
Editor, 'MichiganPA'