



Michigan PA

Competencies for the PA Profession-

In response to other health care professions taking on the challenge of a growing demand for accountability and assessment in clinical practice and the necessity for health care professionals to be competent in their profession, the NCCPA initiated dialogue in 2003 to define Physician Assistant Competencies. They were joined in this effort by three other national PA organizations that brought unique perspectives and insight that helped enhance this definition. The three groups were Accreditation Review Commission for Education of the Physician Assistant (ARC-PA), the Association of Physician Assistant Programs (APAP) and the American Academy of Physician Assistants (AAPA).

The purpose of these newly formed PA competencies is to communicate to the PA profession and the public ideals that all PAs, regardless of practice environment or specialty, are expected to acquire and maintain during their careers. The document formed serves as a map to chart a course for the individual PA, physician-PA teams and organizations that are committed to promoting the development and maintenance of these competencies among physician assistants.

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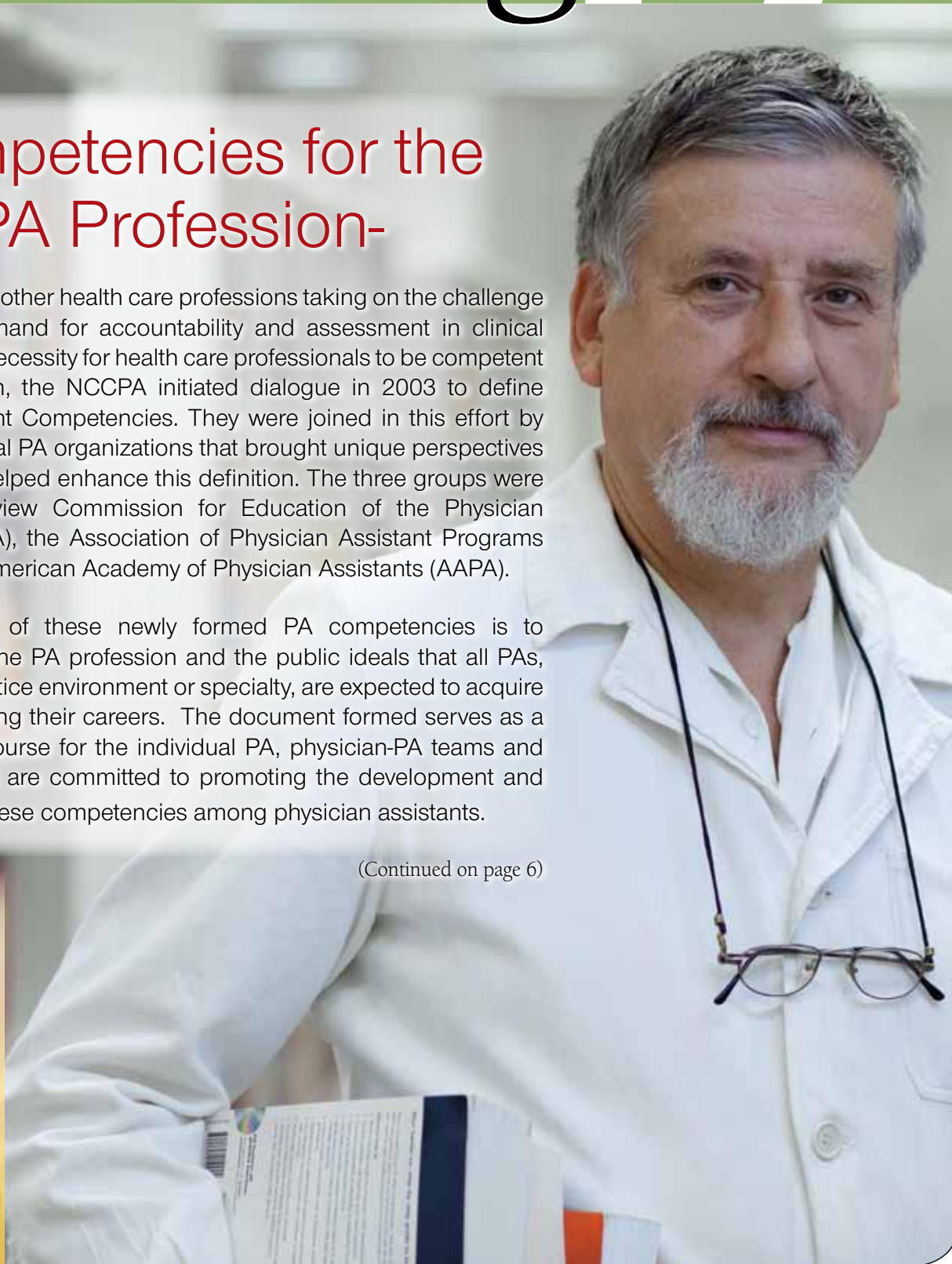
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MAPA's Mission

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

Behind the Scenes

The increasing demand for access to primary care is a national concern of health care providers, payers and policy makers. Several factors are driving this increase in demand - an aging population, chronicity of disease and the increased numbers of insured per health care reform. Primary care is the basis of health care and a cost effective way to expand access to care. According to a Michigan Primary Care Consortium report, primary care access improves health outcomes and patient satisfaction while lowering health disparities and the cost of care.

In Michigan, a January 2009 Michigan Physician Profile report from the Michigan Health Council (MHC) states we could face a shortage of as many as 4,445 physicians by the year 2020. Compounding the problem, only about 34 percent of physicians currently identify themselves as primary care providers. Not surprisingly, the 2010 Michigan Nurse Practitioner and Physician Assistant Workforce report from the MHC indicates a similar pattern by PAs with only 35% of practicing in primary care. MAPA leadership has taken a proactive role in addressing the projected primary care shortage by being involved in several areas related to meeting the health care needs of Michigan's population.

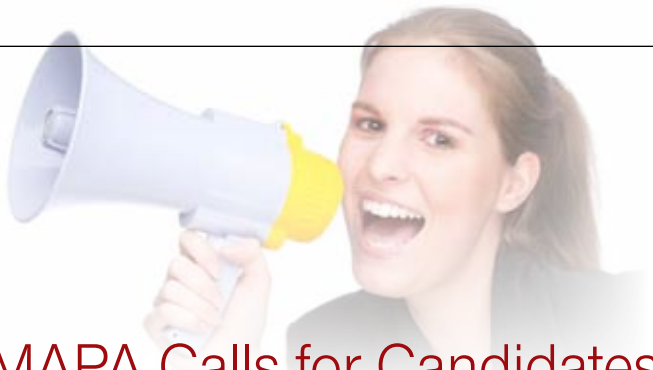
MAPA leadership met with representatives from the Michigan State Medical Society (MSMS) and Michigan Osteopathic Association (MOA) in September 2010 to further define initiatives and address access to care issues. At that meeting, all three organizations confirmed that the team-based approach to health care with physician leadership, best supports efficient patient-centered health care. Subsequent joint meetings have centered on addressing regulations that limit patient access to quality and safe care such as PA rounding limitations, restrictions on restraints ordered by PAs, signature delegation on official forms, limits on delegation of Schedule II drugs and the number of PAs a physician can supervise. The representatives of the three associations will continue to hold joint meetings until agreement is reached on a specific approach to these issues.

MAPA is an organizational member of the Michigan Primary Care Consortium, a collaborative partnership created to improve the system of primary health care delivery and MAPA leadership participated in a recent meeting on the primary care workforce issues. In order to bring a full perspective to the meeting, MAPA's immediate past president recently led a conference call of the Michigan PA program directors to gather information on how the education of PAs influences the future PA workforce. An upcoming meeting of MAPA executives with the President and CEO of the MHC will allow us to provide additional input on health care workforce issues and make sure that PAs are included in implemented solutions.

Health care reform legislation is another area where MAPA is making sure that PAs have a voice. The Michigan Department of Community Health (MDCH) recently received funding for a planning process to implement health insurance exchange(s) for Michigan and MAPA was invited as a participatory stakeholder. MAPA has also been consulted by the Michigan Dental Association to discuss access issues of oral health in Michigan. Lastly, we have been asked by the Governor's office for a recommendation to fill the vacant PA seat on the Board of Medicine, with more public health board positions that will need PA presence in the coming months.

MAPA leadership is committed to the advancement and representation of PAs and continues to support increased access for our patients to quality health care services. We encourage all of you to work with us to create positive change by maintaining your membership, participate at MAPA's Legislative Day on May 18th in Lansing and become involved as a PA in this important time in Michigan's health care history.

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



MAPA Calls for Candidates - 2011

Are you interested in becoming involved in PA Leadership? If so, **MAPA Wants You!**

A rewarding opportunity awaits you, utilizing and enhancing your leadership skills, by becoming involved in the Michigan Academy of Physician Assistants Board of Directors (MAPA BOD).

MAPA is seeking nominations for the offices of President-Elect and Secretary. Additionally, nominations are being sought for elected Regional Representatives to the BOD from Regions 1, 3 and 5.

Candidates seeking to be placed on the election ballot must submit a statement of interest to the MAPA office that includes biographical data, eligibility for office, credentials and election platform- **by April 13, 2011**. This information can be submitted in the form of a cover letter with resume' and will be distributed to the voting MAPA members along with the ballot.

A candidate for the office of President-Elect must have been a fellow 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 accumulated the necessary experience deemed appropriate by the Nominations Committee.

A candidate for the office of Secretary must have been a fellow 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. You can refer to the MAPA website to see which region you live in.

MAPA is also seeking nominations for Chief Delegate, delegates and alternates to the 2012 AAPA House of Delegates (HOD), which will take place in Toronto, Canada. All candidates for MAPA Chief Delegate/delegate/alternate to AAPA HOD must be current members of AAPA and fellow MAPA members 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 no later than April 13, 2011. E-mail to:

TSoule@msms.org or mail paperwork to: **MAPA**

c/o Academy Administrator
120 West Saginaw Street
East Lansing, MI 48823

AAPA's Candidate for Director-at-Large

AAPA elections begin March 14 and extend through April 14 and one of Michigan's own PAs is running for national office.

John McGinnity, PA-C,

is a candidate for

AAPA's Director-at-

Large position for the

2011-2013 time period.

John McGinnity has

served many years in

MAPA, initially on vari-

ous committees and as

MAPA's CME Chairperson and his state

service culminated as President of MAPA

from 2008-2009.



John's work at the state level has prepared him for meeting the challenges that he will face at the national level with AAPA. These national PA challenges include- health care reform, expanding access to health care, energizing members to involvement and bridging the gap of the physician shortage.

From being involved at many levels in Michigan's own PA academy, Michigan's PA Foundation, PA Task Force to Clinical Associate Professor at WSU, John's diverse background in PA life has given him the ability to see how the PA profession needs to evolve and meet the challenges of tomorrow. We ask for your support of John McGinnity, PA-C for AAPA's Director-at-Large candidacy in the upcoming AAPA elections.

“Let us not forget the sacrifice they give for our freedom.”

Western Michigan University Physician Assistant students sent “care packages” and Christmas cards to 1st Lieutenant Matt Rauch, US Army. Matt is an alumnus of WMU’s Physician Assistant program, Class of 2009. Lieutenant Rauch is serving with the 4th Brigade Combat Team of the 101st Airborne Division. He is currently stationed in the eastern part of Afghanistan. The care packages included a WMU T-shirt, many personal care products, various magazines, and assorted “treats” which are unavailable overseas. Each Christmas card contained a short note and a signed photograph of a current WMU PA student. The WMU PA family wishes Matt safety and health as he serves our country and looks forward to his return sometime this summer.

WMU-PA students of classes 2011 & 2012 also helped in a winter clothing drive that benefited Catholic Family Services of greater Kalamazoo. The donations were greatly appreciated by clients such as homeless teens, young adults in transition and single teen parents.



PA students/faculty gather around “care packages” meant for 1st Lieutenant Matt Rauch, currently serving in Afghanistan.

In Memoriam...



It is with a heavy heart and professional sadness that we report the sudden passing of a friend and colleague, Radford J. Hayden, PA-C. The passing of Radford on February 7, 2011 will leave a void in Michigan’s PA family.

Radford was a 1981 graduate of the Mercy College of Detroit Physician Assistant Program, had a successful professional career in clinical practice, served as a mentor to many and was an Affiliate Associate Professor at UD Mercy PAS Program. Radford served as president of the Michigan Academy of Physician Assistants from 1998 – 1999 and was a leader in the community for his entire career.

His loss will be felt by his colleagues, patients, and friends and most especially by his wife Delia and family.

Memorial contributions may be made to the Michigan PA Foundation, U of D Jesuit High School, St. Lucy Parish or to the college fund for Peter Hayden.

It is with the deepest regret that MAPA extends our condolences to the Hayden family for their loss.

Quote:

“If I have seen farther than others, it is because I was standing on the shoulders of giants.”

*Sir Isaac Newton 1643-1727
Physicist. Mathematician. Astronomer*

Competencies continued-

Current assessment formats for PAs reliably test core knowledge and basic skills. Yet, patient-centered care is not solely based on these two skill sets. We cannot be complacent and disregard important domains of professional medical practice that includes interpersonal skills, lifelong learning, professionalism and the integration of core knowledge into clinical practice. As defined by Ronald Epstein, M.D. in an article of JAMA 2002; 287(2): 226-235,

“Professional Competence is the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values and reflection in daily practice for the benefit of the individual and community being served.”

Habits of the mind which have been identified as attentiveness; critical curiosity; self-awareness and presence, help to define a person’s competence. The four previously mentioned physician assistant groups have developed competencies that cover six areas along with a self-evaluation tool that a PA can use to see areas of improvement in themselves. Professional Competencies for PAs include the

effective and appropriate application of medical knowledge, interpersonal and communication skills, patient care, professionalism, practiced-based learning and improvement, and systems-based practice.

A significant portion of the competencies includes an unwavering commitment to continual learning, professional growth and the physician-PA team for the benefit of patients and the larger community being served. These competencies are developmental, impermanent and context-dependent and must be demonstrated within the scope of practice, whether medical or surgical, for each individual physician assistant.

The **six areas of competencies** include:

1. *Medical Knowledge*
2. *Interpersonal & Communication Skills*
3. *Patient Care*
4. *Professionalism*
5. *Practice-based Learning & Improvement*
6. *Systems-based Practice*

Medical Knowledge- Physician Assistants must have an understanding of pathophysiology, patient presentation, differential diagnosis, patient management, surgical principles, health promotion and disease prevention. They must demonstrate core knowledge about established and evolving biomedical and clinical sciences applying to patient care and prove investigatory and analytical thinking to clinical situations.

Interpersonal & Communication Skills- This encompasses verbal, non-verbal and written exchange of information. Physician Assistants must have interpersonal and communication skills that result in effective information exchange with patients' families, physicians, professional associates and the health care system.

Patient Care- Includes age-appropriate assessment, evaluation and management. Physician Assistants must demonstrate care that is effective, patient-centered, timely, efficient and equitable for the treatment of health problems and the promotion of wellness.

Professionalism- The expression of positive values and ideals as care is delivered, involving prioritizing the interests of those being served above one's own. This requires PAs to practice without impairment from substance abuse, cognitive deficiency or mental illness. Physician Assistants must demonstrate a high level of responsibility, ethical practice, sensitivity to a diverse patient population and adherence to legal and regulatory requirements.

Practiced-based Learning & Improvement- Includes the processes through which clinicians engage in critical analysis of their own practice

experience, medical literature and other informational resources for the purpose of self-improvement. Physician Assistants must be able to assess, evaluate and improve their patient care practices.

Systems-based Practice- Physician Assistants must demonstrate an awareness of and responsiveness to the larger system of health care to provide patient care that is of optimal value. Encompassing the societal, organizational and economic environments of health care, PAs should work to improve the larger health care system of which their practices are a part.

These competencies build on a foundation of basic clinical skills, scientific knowledge and moral development that have functions of-

- *Cognition*
- *Integration*
- *Relational*
- *Affective/Moral*

This foundation shifts the teaching of medicine and PAs towards a competency-based curriculum. It was the rare medical school educator and more recently, the PA school instructor that was able to see the forest through the trees, noting that medical professionals need to learn the 'art of communicating' and 'the heart to care.'

Science and medicine are constantly evolving and expanding, with new technologies and paths to treatment. The curriculum and educational approach should mirror this evolution and focus on how to use this new information and avoid archaic practices of rote memorization. The overall goal is to encourage the study of the concepts



underlying medicine, rather than specific facts or memorization.

A consensus statement that arose from the PA dialogue is not an end-point, but a beginning.

The challenge is now put towards the individual PA to look at themselves and their practice techniques and see how best to use these competencies to improve their practice and profession. Is one of the benefits of PA education the fact that a pre-requisite degree needs only to be Bachelors in any field, not necessarily associated with science? Are we as a group of medical professionals ahead of the trend and well positioned to readily adopt these competencies? Because of the diversity and flexibility of the PA profession, the future looks positive for physician assistants. There is a self-evaluation tool on-line that has the six Physician Assistant Competencies available to help determine your strengths & weaknesses and give you ideas for improvement in your practice. Visit the website www.nccpa.net for this tool. **PA**



MAPA Presents the 2011 Spring- Professional Issues Symposium

Don't miss your chance to attend this year's Spring- Professional Issues Symposium. It will be held on **Saturday, April 16, 2011** at the Radisson Hotel in Lansing.

The symposium will cover information pertinent to your practice and profession. Topics to be discussed include: Michigan PA Legislation, Improving the Quality of Conversations, Expectations and Experience, Reimbursement, PA Task Force with HPRP, Precepting and more.

Come join your colleagues, peers and invite your office personnel for excellent information that will be applicable to your practice and earn CME.

Registration forms, Exhibitor Application and Symposium agenda are currently available on MAPA's

website: www.michiganpa.org. Breakfast and lunch are included with your registration fee. Overnight hotel accommodations are available and should be made by the attendee; see registration form for further details.

This program is not yet approved for CME credits. **Symposium organizers plan to request 8 hours of AAPA Category I CME credits** by the Physician Assistant Review Panel. Total number of approved credits is yet to be determined. Participants should claim only those hours actually spent participating in this CME activity.



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

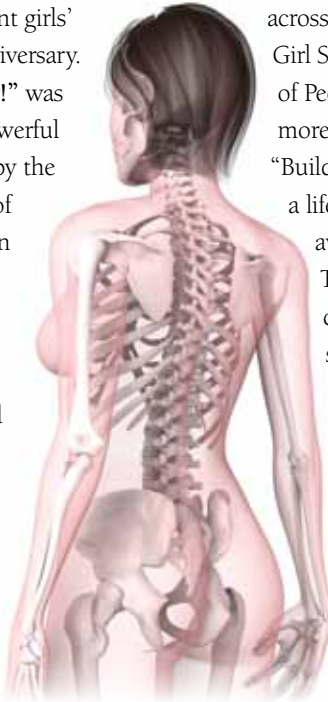
Michigan Physician Assistant Foundation (MI PAF) at www.mipaf.com

Best Bones Forever!

A campaign designed to improve adolescent girls' bone health recently celebrated its 1st anniversary. The campaign called **"Best Bones Forever!"** was revamped from a prior program called "Powerful Bones. Powerful Girls". and was founded by the Office on Women's Health, which is part of the U.S. Department of Health and Human Services (HHS).

Osteoporosis is seen as a 'pediatric disease with geriatric consequences'; a disease process whereby bones become fragile and are more likely to break, due to improper nutrition early in life. Childhood and adolescence are the key windows of opportunity for building strong bones and warding off this disease. In girls, close to 90% of bone mass is built by age 18. Once they reach adulthood, it becomes increasingly difficult to make up any adolescent deficit. Women are at a two to three times increased risk of osteoporosis versus men, and adolescent girls consume less calcium and are less likely to participate in physical activity than boys.

This new campaign empowers girls ages nine to fourteen to build the **"Best Bones Forever!"** This is accomplished by helping girls make healthy choices of snacks and foods rich in calcium and vitamin D and encouraging an hour of physical activity a day. This campaign is a partnership of public and private organizations from



Women are at a two to three times increased risk of osteoporosis versus men.

across the country- National Osteoporosis Foundation, Girl Scouts, Action for Healthy Kids, American Academy of Pediatrics, National Institute of Health, and many more. HHS Secretary Sebelius wants girls to know that "Building strong bones now will help you stand tall for a lifetime." Information about this campaign is readily available at the website www.bestbonesforever.gov. There are tips and ideas for foods that are high in calcium and vitamin D, recipes and activities to share with your daughter.

When asked about who has the biggest influence on what they eat, 83% of the girls, ages eight to fifteen, cited their parents. This message goes out not just to adolescent girls, but also to their parents. The website includes a section that is geared just toward parents with tips on how to encourage their daughters to build strong, healthy bones and improve their overall health. Involvement in your daughters' activities, teaching healthy eating habits, help her make wise nutritional choices and being active as a family; maybe taking walks after dinner, will provide support and let her know that you are there for her.

So take a moment to visit the website, not just for your younger patients or their parents, but for your own daughter(s) too. Encourage healthy food choices that are rich in Calcium and Vitamin D and get active with them. In these developmental later years, your presence and guidance will show your daughter how much you care for her and the healthy choices you provide will last her a lifetime.

WHO AM I?

I may have infected a third of the world's population

Sx include: C.P., SOB, Cough, night sweats, hemoptysis, wt. loss

I've been called: Koch's Dz, vampirism, phthisis, and consumption

Having Silicosis, DM, low BMI, CKD can increase your risks of me

I can be Dx by CXR, blood, microscopic and skin tests

(answer in next 'MichiganPA')

(previous Q₃ answer: Gout)

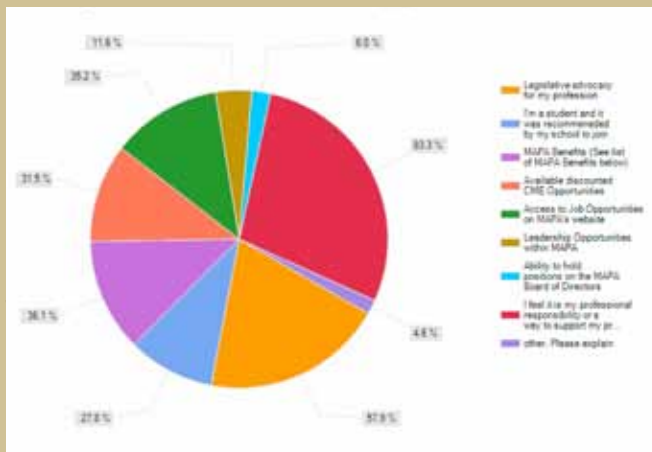
Q₃
quarterly
quiz
question

MAPA Membership Survey Summary

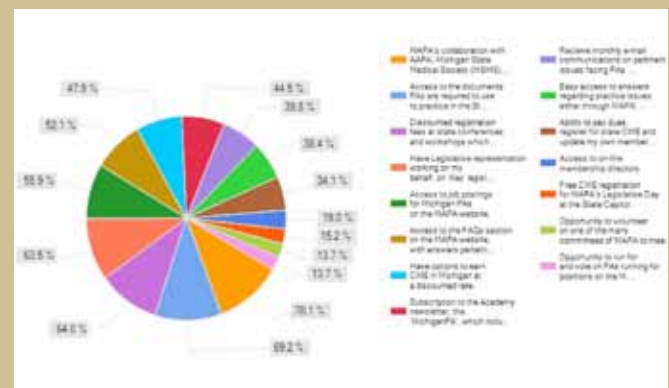
By Brian M. Gallagher, MSPA, PA-C
MAPA President-Elect

During the fall of 2010, MAPA's Membership Committee conducted two surveys. The first survey was sent to MAPA members and was designed to better understand our members' needs, which benefits are/are not important, evaluate which services are being utilized and identify our members' concerns. The second survey was sent to Michigan PAs who are not MAPA members. The goals of this survey were to determine the reasons why they were not members, find out what could be done to gain their membership, discover if they are members of AAPA, find out if they feel PAs need a professional organization to represent/protect them in Michigan and determine if they have any specific concerns. The following summary is what we found, concluding with steps that have been initiated to improve MAPA per survey responses. **The full Survey results may be found online at www.michiganpa.org.**

The **members' survey** had 222 Fellows respond, with over 50% of them having joined since 2006. Approximately 83.5% joined because they feel it is a professional responsibility and 57.9% joined for legislative advocacy; see Figure 1.



The most important benefits to members were- the collaboration with the American Academy of Physician Assistants (AAPA), Michigan State Medical Society (MSMS) and Michigan Osteopathic Association (MOA), reimbursement issues and access to the documents required to practice medicine in Michigan. The least important benefits were the free CME at Legislative Day and the opportunity to participate on MAPA's Board of Directors (BOD); see Figure 2.



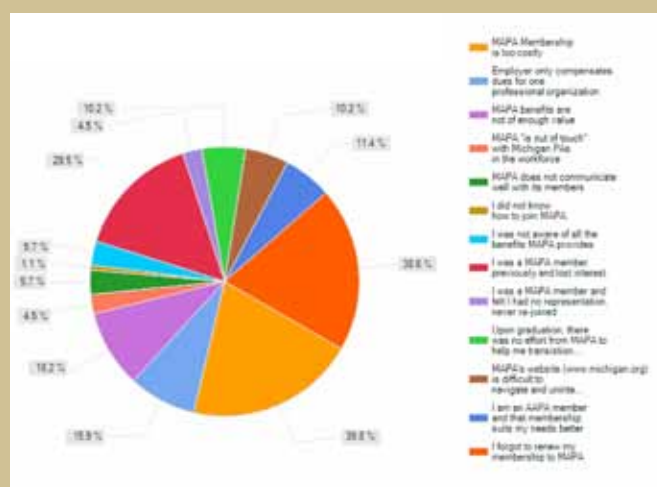
Finally, 86.5% of members were satisfied with the current benefits that membership in MAPA provides. The following suggestions are areas where MAPA could improve: better website, more minority representation and recruitment, CME available in our newsletter, discounted liability/malpractice insurance and combined AAPA/MAPA dues. The overall approval rating for MAPA's BOD is 97.2%, however, less than one third of members have attended a regional dinner meeting. We did have 79 respondents state they were interested in becoming involved in MAPA due to the following concerns- the threat of the Doctorate of Nurse Practitioner, the overall job market, legislation, reimbursement, increasing MAPA membership, increasing PA public awareness and funding for our Political Action Committee.

The members' survey had 222 Fellows respond, with over 50% of them having joined since 2006.

The non-member survey had 97 respondents.

The three major reasons for not being a MAPA member were: MAPA's membership is too costly, thought they were still a member or forgot to renew.

The **non-member survey** had 97 respondents. The three major reasons for not being a MAPA member were- MAPA's membership is too costly, thought they were still a member or forgot to renew; see Figure 3.



Approximately one-third lost interest due to poor communication, lack of tangible benefits, poor website and insufficient funds. Interestingly, 96.8% of respondents felt PAs need a professional organization to represent and protect them in Lansing and 70.8% are current AAPA members. Their general concerns were very similar to members- the threat of the Doctorate of Nurse Practitioner, ability to prescribe Schedule II medications in the outpatient setting, legislative rights and advocacy and combining AAPA/MAPA dues.

In **response to the surveys**, MAPA's Membership Committee and BOD have initiated or implemented the following solutions:

- Discounted MAPA membership 10% for ALL MEMBERS who select the Automatic Annual Renewal box on the dues application which requires payment by credit card; reducing yearly Fellow MAPA membership from \$175 to \$157.50
- MAPA has signed a contract with Affiniscape to develop and host our NEW WEBSITE
- Asked AAPA to develop a program to combine AAPA/MAPA dues
- Created a "Conversion Program" to allow recent PA graduates to join MAPA as a Fellow member, for their initial year only at \$100
- Initiated a work group with MSMS and MOA to promote the team concept of healthcare in Michigan
- Expanded our Legislative Committee under new chairperson, Ron X. Stavale, PA-C
- Evaluated and improved our membership renewal and expiration process with our management company, PSI

Overall, the surveys are helping to guide MAPA in the best ways to recruit and retain members. The development of a fresh and new MAPA website is long overdue and promises to be user friendly and a resource for all Michigan PAs! Thank you to all who participated in the survey and we look forward to continuing to serve and represent you in the future!

Did you know?

The 'Vitruvian Man' is a famous pen and ink drawing by Leonardo da Vinci, dated around 1487. It depicts a male figure framed by both a circle and square. The dimensions of the drawing were from the ancient Roman architect *Vitruvius*, who described 'man' in ideal proportions with geometry and symmetry. It was meant to blend art and science together and relate man to nature.



MAPA's 2011 Legislative Day

This Year it's More Important Than Ever!

Sign up today for MAPA's Legislative Day! We convene on **Wednesday May 18, 2011** at the Radisson Hotel and Conference Center in Lansing. The time is now to help educate the over 70 new legislators who have been voted into office of the concerns regarding the looming physician shortage, impact of Health Care Reform and of the benefits the team approach to medicine gives patients.

The pending health care legislation will affect how PAs in Michigan will be able to practice medicine. We have reached a turning point and cannot afford to miss this opportunity. The morning session will examine the national trends for PAs and expose the current state of health care in Michigan. We will discuss the issues your legislators are facing and the influence our combined voice and opinions can have by providing alternative solutions. Legislative Day also offers you the opportunity to meet your representatives at an informal luncheon and an afternoon session where you can have individual meetings with your state senator.

The cost is **FREE to all MAPA members**, but registration is required and available on-line at www.michiganpa.org. Conference organizers plan to request **5 hours of AAPA Category I CME credit** from the Physician Assistant Review Panel. Total number of approved credits is yet to be determined.

Please submit your registration to the MAPA Academy Administrator, Tammy Soule at: TSoule@msms.org by **April 29, 2011**.

If you have any questions or need more information please call MAPA's toll free number at 1-877-YES-MAPA.

MAPA Impacts Hospice Care at AAPA's Advocacy Day

By: Brian M. Gallagher, MSPA, PA-C, MAPA President-Elect



On February 17th PAs from across the nation ascended on Capitol Hill in Washington, DC to educate and advocate for the PA profession during AAPA's CORE meeting. PAs not able to attend were asked to participate in a national Call-In day to help further support this advocacy movement. The voice that resonated was loud and clear and the Michigan Academy of Physician Assistants had an extremely successful day voicing their concerns and ideas! MAPA had representatives in attendance of Michael DeGrow, Ron Stavale,

PA-C, Wallace Boeve, PA-C, Tom Plamondon, PA-C and me, joined by two Michigan PA students Katherine Lindsay and Kara Rutledge, who met with Michigan's Senators and Representatives. The major topic of discussion was the ability for PAs to provide Hospice care to Medicare patients.

The 1977 Rural Health Clinic Services Act and the 1997 Balanced Budget Act allows PAs to provide medical services to Medicare patients in all settings, at a uniform rate. However, the former Health Care Services Administration (now Centers for Medicare and Medicaid Services) determined that Hospice care was NOT included. Last year, language clarifying the ability of PAs to provide Hospice care to Medicare patients was introduced as H.R. 3590, S. 318 and S. 1157. The Congressional Budget Office scored this portion of the bill as negligible, meaning there would be little to no expense to the budget. However, when the House and Senate bills were combined to form the Patient Protection and Affordable Care Act, this section of the bill was deleted.

Now, we are asking our Senators and Representatives to re-introduce the language again for this year. Original bill sponsor, Congressman Dangel (D-NY), will again sponsor this bill, along with the support of Congressman Kildee (D) and Congressman Benishek (R). This bipartisan support will help foster neighboring support for this bill. We are very pleased with the results of the meetings and are hopeful that the Congressmen will see this through to completion; allowing PAs to provide care to Medicare Hospice patients in 2011!

Update of BCBS Reimbursement Services Provided by a Physician Assistant

By: Jim Kilmark, PA-C

MAPA Reimbursement Chairperson

The 'Record', a BCBS publication, reported in its January 2010 issue that PAs and CNPs are now considered allowable provider specialties for ALL UAW Retiree Medical Benefits Trust groups; effective September 1st 2010. This reduces the list of groups that are specifically excluding 'Direct Reimbursement' at 85% for services provided to the list of groups (below). As a reminder, the groups that exclude 'Direct Reimbursement' for PA services may still be seen by a PA and billed 'Indirectly' at 100%, providing the proper criteria are met (see ****NOTE**** below).

Group Name	Group number(s)		Members excluded
Delphi hourly	72100	72200	All
	72500	72137	
	72137	72538	
	72523	72524	
Chrysler, GEMA and unions	82300	82400	Bargaining unit retirees and surviving spouses of bargaining unit retirees
(hourly and salaried)	82500		
TRW	71393		All

****NOTE**** BCBS has clarified in past articles of the 'Record' that practices are eligible for reimbursement of the groups that exclude PA services, yet are provided by PAs under the 'Indirect' billing guidelines. Complete 'Indirect' billing criteria are outlined in the April 2008 BCBS 'Record' and briefly described below.

The 'Indirect' billing criteria:

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

The PA Real Life: Family Practice

by: Kevin Brokaw, PA-C, Family Practice

Family Practice is one of the reasons why the physician assistant profession was created. The initial need to have more medical providers in the workforce was driven out of necessity. The influx of medical corpsmen from Vietnam, along with advanced training, helped to fill this need. It was from this beginning



that PAs have had the opportunity to practice in all areas and specialties of medicine.

So the question: “Why pursue a career in Family Practice?” The initial reason is Family Practice (FP), the ‘meat and potatoes’ of medicine, is where the need is the greatest and a void that the PA profession was originally thought to help fill. It also provides a firm basis for any PA career and affords the PA the opportunity to change practice or focus. Incentives to pursue a PA career in FP are offered by the National Health Service Corp (NHSC). The NHSC provides an opportunity for PAs to pay off school loans if you work in a medically under-served area or in a rural

or inner-city clinic for a period of time.

As with any practice, there are ups and downs which are inherent to the job. Family Practice is the potpourri of medicine, the ‘gate-keepers’ to medical diagnosis and treatment. Patients present with a spectrum of medical issues, from routine (otitis media, diabetes, hypertension, depression, etc.) to the emergent (laceration, myocardial infarction, PE and full arrest). You also have a smattering of outliers that can be demanding, ‘crazy’ or drug-seeking; and the rare suicidal intent patient. Then there are those patients that present with so many issues that they want addressed (not all necessarily medical), it

can be difficult to handle all in one visit or even know where to start. Another frustrating part of FP is the difficulties faced between insurance companies and your practice. Working to achieve prior authorization for a test, study or medication can require more time than it does to actually evaluate a patient and formulate a treatment plan. The insurance prior authorization process, although necessary, has become more labor intensive and complicated. For a patient to undergo a certain test or receive a specific medication, the medical provider must prove previously failed therapy or the necessary reasoning for a test/medication.

Despite these medical hurdles, a position in a FP practice setting can be very rewarding. The variety of medical concerns that crosses the FP threshold is equivalent to the varied colors of a painter’s palette. Your day can start with a five day old newborn check, change to a stable 95 year old diabetic and be interrupted by an ominous EKG strip. You meet new patients that have not seen a medical professional in years and you have returning patients that you have been treating for years. These familiar patients have a medical history that you know very well, along with their family and personal history and stories. You build a trust with these long-term patients and you understand their likes and dislikes, preferences, willingness to follow the prescribed therapy and over time, all of this ‘information’ lends itself to a familiarity between you and the patient.

There are patients that you will always remember, either from a previous incident, particular diagnosis or response to therapy; something about their case/presentation will be ingrained in your mind. When you see these patients out of the office and around the town, they are happy to see you and the relationship is strengthened. It is from these chance encounters, talked about stories, family and personal exchanges that give a sense of community and vitality to the ‘real life’ that is Family Practice. This is where I practice; all the hurdles and surprises, distractions and triumphs, frustrations and friendships make it well worth it. **PA**

WELCOME

New MEMBERS

A total of 17 Members have joined MAPA since 11/19/2010:

Tatiana Anthony, PA-C	FEL	Ann Arbor, MI
Heather Baron, PA-C	FEL	Washington Twp., MI
James Bitz, PA-C	FEL	Monroe, MI
Laura Bowden	AFM	Durand, MI
Mary Carey, PA-C	FEL	Pleasant Ridge, MI
Melissa Hale	AFM	Brighton, MI
Christine Henzi, PA-C	FEL	Northville, MI
Andrew Kurkiewicz, PA-S	STU	Kalamazoo, MI
Brian Lent, PA-S	STU	Grand Rapids, MI
Lora Manders	AFM	Onsted, MI
Cheryl Masud, PA-C	FEL	Midland, MI
Justin Remsing, PA-S	STU	Rochester Hills, MI
Benjamin Sattler, PA-S	STU	Traverse City, MI
Beth Skaggs	AFM	Canton, MI
Lisa Travnikar	AFM	Oxford, MI
Phillip Villanueva	AFM	Brighton, MI
Kristin Worgess, PA-S	STU	Kalamazoo, MI

ASM – 0

STU – 5

AFM – 6

FEL – 6

ASM - Associate Members

AFM - Affiliate Members

STU - Student Members

FEL - Fellow Members

PLANNER

EVENTS / SEMINARS / CLASSES / CONFERENCES

MAPA's 2011 Spring Professional Issues Symposium

DATE: Saturday April 16, 2011

TIME: 8am – 5pm

SITE: Radisson Hotel, Lansing, MI

MAPA's Legislative Day

DATE: Wednesday May 18, 2011

TIME: 8am – 2pm

SITE: Radisson Hotel, Lansing, MI

AAPA's 39th Annual National PA Conference

IMPACT 2011

DATE: May 30 – June 4, 2011

SITE: Las Vegas, NV

MAPA's 2011 Fall CME Conference

DATE: October 13-16, 2011

SITE: Grand Traverse Resort & Spa
Traverse City, MI



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'The Last Word...'

As health care professionals and mid-level practitioners, physician assistants are held to higher standards when it comes to patient care. Words that help define us as physician assistants include: Altruism, Accountability, Excellence, Duty, Honor, Integrity and Respect. These descriptors were not associated with our profession in its infancy, but as our profession has evolved and matured, they have become synonymous with PAs.

A term that encompasses these descriptors is **Professionalism**. While each previously mentioned word has profound meaning in and of itself, **professionalism** means a fiduciary duty to assure that decisions and actions serve the welfare of the patient. It requires that the practitioner strive for excellence and that this mindset should become part of their attitude, behavior and skills integral to patient care. Ethical conduct is the minimum standard required for a profession, while professionalism is a higher standard that is expected. The 'Golden Rule' or 'ethic of reciprocity' states- "Do unto others as you would have them do unto you." This is how I treat patients that I come in contact with, with respect, integrity, honor, excellence, accountability and duty. I treat patients' like they are my parents or how I would want to be treated. Background, ethnicity, gender or socioeconomic status does not affect the care that I give to patients. Discrimination cannot infect your ability or approach to patient care.

Professionalism is the level that all of us as PAs should strive to achieve on a daily basis. Is it too much to ask that this be the norm? Competency in our profession dictates that we put the welfare of others ahead of ourselves, that we are honest, that we do the right thing, that we do it well and that we show respect for others. This is not too much to ask as we move through our professional lives, that we 'Do unto others as...'

Chris Noth, PA-C
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