

DEAPA News

Official Publication of the Downeast Association of Physician Assistants



Spring 2011

DEAPA Representatives Attend CORE & Meet With Senator Snowe

by Emily Kumagae, PA-S2

On February 17th I had the amazing opportunity to join over 250 PAs from across the country, including Maine PAs Erika Pierce and Paul Spencer, to deliver to Members of Congress a powerful, unified message about the PA profession.

The following three legislative issues were selected for discussion, and recommendations were presented in face-to-face meetings with Members of Congress and staff.

1. Currently, PAs are not allowed to provide hospice care to their patients, forcing families to seek alternative health care professionals to manage hospice care services. The recommendation was made to amend the Social Security Act to permit PAs to provide hospice care to their patients who elect Medicare's hospice benefit.

2. The HITECH Act Limits the availability of Medicaid EHR incentive payments to "PA-led" rural health clinics and federally qualified health centers (FQHCs). An incorrect assumption was made when the Act was introduced that an incentive payment to PAs would be covered under payment to physicians. The recommendation was made to amend the Health Information Technology for Economic and Clinical Health (HITECH) Act to extend EHR Medicaid incentive payments to all PAs whose practice volume includes at least 30% Medicaid recipients.

3. DATA 2000 specifically requires that prescribers of buprenorphine be a physician and bars delegation of such prescriptive duties to PAs. This severely limits critically needed addiction treatment access. The recommendation was made to amend the Drug Addiction and Treatment Act of 2000 to allow PAs who complete certification training to obtain a DEA waiver to prescribe and dispense buprenorphine for opioid addiction.

Republican Senator Olympia Snowe met personally with us to discuss these issues. She said that she is grateful for the services PAs provide in Maine, especially in underserved communities, and supports legislation to further PA practice. She showed special interest in allowing PAs to provide hospice care services and is considering sponsoring a bill to amend the Social Security Act.

Members of Congress look to PAs to provide them with perspective and information on health care decisions affecting their communities. It is absolutely critical that PAs make their voices heard. I would encourage all PAs to visit their Member's district office during Congressional recess periods to demonstrate the personal role PAs have in their communities. Get the latest federal and state advocacy news and tools



Emily Kumagae, PA-S2, Erika Pierce, PA-C, Senator Snowe, Paul Spencer, PA-C

Special Announcement

DEAPA 2011 Annual Membership Meeting!

Saturday, April 9th, 9:00 am—10:30 am

**Maine Medical Association Headquarters,
30 Association Drive, Manchester, Maine**

RSVP by March 31st to bfarrell@mainemed.com or 207-620-7577



Please join us as we gather at our yearly Annual Membership Meeting to acknowledge and congratulate the recipients of our 2011 Annual Awards for their work, commitment and dedication to patient care. Network with your elected members of DEAPA's Board of Directors, discuss issues with the PAs who represent you in various health care organizations, as well as receive updates on the Association's accomplishments and current issues. For more information on the awards and past recipients, go to our website at www.deapa.com/practice/awards.php.

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Gregg Christensen, PA-C
DEAPA President, 2010-2011
Greenville, Maine

PAAC Meeting Update

DEAPA President Update

The BOLIM Physician Assistant Advisory Committee (PAAC) met on **March 1st**, and was well represented by Erika Pierce, PA-C President Elect, Shawn McGlew PA-C, Kirsten Thomsen, PA, and Gordon Smith Esq. EVP of MMA.

The topic of proposed Chapter 2 rules changes dominated the meeting. The issue of prohibiting a PA from paying his/her supervising physician was discussed at length. The concern of the BOLIM was that such an arrangement would create a conflict of interest. DEAPA's opposition to this proposal was eloquently stated, and the PAAC chose to table the issue until Erich Fogg, PA-C, Committee Chairman has gotten further input from the PAs who are currently employing their supervising physicians.

Another issue was the requirement of physicians and physician assistants to take a "Juris Prudence" exam on the rules governing our professions in the State of Maine. It was pointed out that the materials covered involved 78 pages of materials, and that even though this was an open-book test, it was quite onerous. Randal Manning noted that the materials covered would be compressed down to less than half that. Since it is open-book, there is no way someone should fail, and would help assure that those of us who are licensed, are aware of the rules which govern our profession.

Charles Roth PA-C's application for appointment to the PAAC was voted upon and sent to BOLIM for approval. There are two additional vacancies to fill, and eight applicants which will be vetted via telephone interview between now and the **June 7th** meeting, at which time they will be voted upon.

DEAPA members need to know that there are many proposed changes in the offing which will affect our profession in Maine, and while I sit on the PAAC, I am there to "protect the public" in regards to PA patient care. The interests of Physician Assistants are being well represented by the DEAPA officers and staff.

THANKS FOR YOUR INPUT!



We received 5 responses to our inquiry about opinions on proposed changes to the Chapter 2 of the BOLIM rules.

There is no objection to required use of the PMP as long as all prescribers are required to do so. Respondents were unclear as to why PAs were singled out for required participation with the PMP.

Respondents unanimously disagree with the proposal to limit PA practice ownership.

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www.deapa.com

Call for advertising information & rates

Major Oldfield was nominated for the DEAPA spotlight by several PAs in central Maine, where he has worked in the emergency department of Mayo Regional Hospital. I had the pleasure of interviewing Major Oldfield by phone in January, regarding his work with soldiers serving in Iraq, and with returning veterans from Iraq and Afghanistan. I cannot be more eloquent than Major Oldfield himself, who describes his service in Iraq in the *Penquis Review*, Vol. 1, #7, Veteran's Day, 2010. Readers are encouraged find the interview on-line at <http://www.penquisreview.com>.

What I can do is reflect on Major Oldfield as an outstanding PA who helps define the profession, and who inspires my work as a PA.

Ann Davis, PA-C, Senior Director for State Advocacy and Outreach, has recently described PAs as the "undifferentiated stem cells of the health care system." She writes, "Our generalist training allows us to fill multiple roles in a wide variety of settings. PAs are able to rapidly deploy in areas of need. This has always been a key feature of the profession, and is critically important now as the nation strives to both extend care to the uninsured and control costs. As the health care system moves ahead in transition we need to honor and preserve that aspect and do all we can to clear the way for the profession to be as useful and flexible as possible."

As a military PA, Ron Oldfield has done this—everything from sick call for young healthy soldiers, to treating major trauma sustained in roadside bombings, to helping to re-establish hospitals and clinics for Iraqi civilians, to caring for the full age range of veterans in Bangor, Maine, including mental health issues. Simply reading about his work informs my care of Iraqi refugees in Portland, Maine, and reminds me that, as a generalist PA, and part of a clinical team, I have the opportunity to respond to any challenge that arises in disparate clinical settings.

Major Oldfield earned his Associate's degree in 1988 from Central Texas College, Killeen, Texas, and trained as a PA at the US Army Academy of Health Sciences/Affiliated University, Oklahoma City, OK, 1992. In addition to serving in Iraq, and western Maine, he has worked in Korea, Alaska, Guantanamo Bay, Cuba, Texas, Louisiana, and Missouri.

Major Oldfield is extremely committed to the care of returning veterans, of which there are many thousands in Maine. He is available to present CME lectures on care of veterans, and can be contacted at Ronald.Oldfield@va.gov, or at paoldfield@hotmail.com.

DEAPA salutes Major Ronald Oldfield, and thanks him for his service to the country, to our veterans, and for the example he sets as part of the PA profession.

Submitted by Noel Genova, PA-C



Osteopathic Outlook

Osteopathic Liaison Kathy Lees PA-C and DEAPA *President-Elect* Erika Pierce PA-C are working with the Maine Osteopathic Association and the Osteopathic Licensing Board to encourage Schedule II prescription privileges for Osteopathic PAs.

Breaking News!

The Maine Osteopathic Association Board of Directors recently voted in favor of writing a letter of support for PA's to receive schedule II privileges under the Osteopathic Licensing Board.

The Next Osteopathic Licensing Board Meeting is March 10th at 9:30 am.

Maine Osteopathic Association Annual Conference is scheduled for June 10th-12th at the Samoset in Rockland. Find out more at www.mainedo.org. **Remember!** Maine PAs licensed with the Osteopathic Board must acquire 10 hours of Cat 1A Osteopathic CME every 2 years in order to renew your license. These 10 hours may be included in the total 100 hours of CME required for license renewal. Your opinions or questions on any Osteopathic licensing or practice issues are welcomed at DEAPA.

Physician's Day at the Legislature

May 26th 2011

The Maine Medical Association has invited DEAPA and all Maine PAs to join them at Capitol Hill for Physician's Day at the Legislature.

DEAPA is planning a display in the Hall of Flags and encourages ALL Maine Physician Assistants to join us in advocating for the profession and educating legislators about our profession.

Please Contact: Gregg Christensen, gchristensen@emh.org



Erika Pierce, PA-C
DEAPA President-Elect, 2010-2011
St. Albans, Maine

Physician Assistant Practice Ownership

The DownEast Association of Physician Assistants is aware of excellent, well run, PA owned practices in the state. Over the years, Physician Assistant owned practices have served thousands of patients. Recently PA owned practices have become the center of the proposed changes to Chapter 2.

Background:

Under the Board of Licensure in Medicine (BOLIM), Chapter 2 contains the rules that govern current PA practice with a Medical Doctor (MD) in the state. The Physician Assistant Advisory Committee (PAAC) to the BOLIM was asked to review the chapter 2 rules and propose changes including limiting PA ownership of practices. The reasoning behind the concern over PA practice ownership is based on the perception that PA owned practices produce more numerous and significant complaints than from non-PA owned practices. However, when reviewing the public data on disciplined providers, it is not clear what percentage of PAs disciplined were actual practice owners. Several serious disciplinary actions against PAs did not involve PAs who owned their practices. Interested readers are invited to review disciplinary actions on the Board's website at www.docboard.org/me/discipline/dw_actions.html.

The Rules for Maine's Osteopathic Physician Assistants

Several years ago the Maine Osteopathic Board of Licensure adopted a policy limiting PA practice ownership to 49%. This rule has been in place for several years, limiting the ability for PAs who are supervised by Osteopathic Physicians to own practices. Based on the request of BOLIM the PAAC has reviewed the Osteopathic Board's rules on PA practice ownership and considered recommending a rule that mirrors the current Osteopathic rule.

The Potential Impact:

Although there are only a few PA owned practices in the state, if such a rule were put in place, those PA owned practices, as they currently stand, would have to restructure themselves or close, thereby impacting the community served by the practice. The real question is: Does closing or limiting PA owned practices increase public safety in the communities served by PA owned practices? If so, the BOLIM must limit PA practice ownership. At this time, DEAPA is not aware of any evidence to suggest that restriction of PA owned Practices increases public safety. This limitation will decrease access to care for patients who are currently served by a PA owned practice and prohibit any future PA owned practices from entering communities that may be served by such a clinic, at a time when access to care is limited for some populations.

An Ethical Dilemma?

There is concern that PA employment of the supervising physician renders it impossible for the physician to be impartial in their supervisory duties, suggesting that the relationship between a PA practice owner and the employed physician is unethical and should not be allowed.

In the recent March 1st PA Advisory Committee meeting the concern focused not on the PA employing the physician, or PA clinic ownership itself, but rather the need for transparency around the employment arrangement. There was consensus that all PA owned practices should disclose on Form C that the supervising physician is employed by the PA, as well as several ideas as to what else could be required disclosures. DEAPA leaders present at the meeting were encouraged that significant work is going into creating a licensing process that allows safe, competent, well-supervised PA owned practices which offer increased access to care in their communities.

A National Perspective:

The American Academy of Physician Assistants (AAPA) is very clear that the clinical relationship between a PA and their supervising physician is unrelated to employment arrangements. The supervising physician is always the clinical leader of the physician/PA team. The role of the supervising physician is defined in chapter 2 and that role remains the same whether the physician employs the PA, the PA employs the physician, or both the physician and the PA are employees (or co-owners) of the same practice.

What About Other States?

There are many examples of PA owned practices throughout the country. Many individual states have laws that clearly allow PAs to own practices. However, the majority of states do not define who can own a corporation. Silence on the issue leaves the issue up for interpretation, but according to the AAPA many of these "Silent States" have examples of PA owned practices within them. There are only three states with clear rules that prohibit PA practice ownership: Arkansas, Illinois, and Louisiana. There are four states beside Maine that allow PAs to own a practice, but restrict PAs to owning a minority share of the practice: California, Colorado, Kansas and Oregon. Sixteen states clearly allow PAs to own a practice, and do not restrict the percentage of shares that may be owned by PAs. Despite the differences at the state level, the Centers for Medicare & Medicaid Services (CMS) allow Physician Assistants to own ninety-nine percent of a practice. From a national perspective, limiting PA owned practices would leave Maine PAs in the minority when it comes to allowing PA practice ownership.

What Do The Physicians Think?

DEAPA asked the Maine Medical Association for their position on this issue. We are expecting a formal stance from them on the issue by mid-March. Gordon Smith, Esq. and Executive Vice President of the Maine Medical Association gave an informal opinion supporting PA practice ownership.

DEAPA's Opinion:

DEAPA supports PA practice ownership.

What Can You Do?

DEAPA is interested in your opinion, and want your input on this issue. What aspects of the employment and supervisory arrangements between a supervising physician and employing PA should be required by the BOLIM?

A few suggestions:

- * Express your opinion to DEAPA so we can better represent our membership.
- * Contact the PA Advisory Committee of the BOLIM directly to express your opinion. **PAAC Committee Chair: Erich Fogg PA-C**
- * Get your supervising physician involved by asking their opinion and encourage them to contact the MMA on the issue.
- * Join the DEAPA Legislative Committee.
- * Attend the upcoming June 7th, PA Advisory Committee Meeting in person.

DEAPA Welcomes your input!

Contact us at: bfarrell@mainemed.com or info@deapa.com

Fun Facts....



129 # of PAs with Schedule II prescribing privileges in Maine

34 How old DEAPA is

46 States that Allow PAs to Own Practices

36 States with Prescription Monitoring Programs

⇒ DEAPA's incorporating President: Robert Lapham, PA-C

⇒ Money.com ranks the PA profession as the 2nd best job in America

⇒ Forbes Magazine lists Masters in PA Studies as the best masters degree for jobs in 2010

⇒ **\$71,000** Average Salary of a PA in the united States in 2009

⇒ Average PA salaries are 11% higher than all job postings nationwide in 2009.

⇒ **October 6th 1967** The PA Profession Officially Began:
The 1st PA Class of 4 students graduated from Duke University

REGISTRATION NOW OPEN for the
MAFP 19th Annual Family Medicine Update

April 7 & 8, 2011

Sunday River Ski Resort & Conference Center
check

<http://www.maineafp.org/cme/mafp-cme-meeting> for complete details and
registration information



MAINE ACADEMY OF
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STRONG MEDICINE FOR MAINE

Medical Professionals Health Program

The **Medical Professionals Health Program (MPHP)** supports medical professionals of Maine by providing comprehensive confidential treatment oversight that helps rehabilitate medical professionals who are ill as a result of alcohol and/or drug dependency and helps them return to safe, professional practice. Anyone with a concern and desire to help a family member, colleague, friend or themselves can contact the MPHP to talk confidentially. The MPHP clinical staff is prepared to assist medical professionals in developing strategies for evaluation and treatment; helping them return to successful professional careers. The MPHP clinical staff and committee members are advocates for MPHP participants, providing compassionate, comprehensive and confidential assistance.

For more information and a listing of Medical Professionals Health Program Staff and Committee members, visit our website at: www.mained.com/health/index.php



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DEAPA's 21st Annual Winter CME Conference



At the Grand Summit Hotel at Sunday River was a great success!! We had 80+ participants representing Maine, Massachusetts, New Hampshire, Vermont, Rhode Island, Connecticut, Georgia, Washington, and Utah!



While the beginning of the conference coincided with a classic Maine Nor'easter, our attendees were undaunted, making it possible to enjoy subsequent beautiful winter weather and superb conditions for winter outdoor activities.



More information on the conference to follow in our June Newsletter.

**SAVE THE DATE:
DEAPA's 22nd Annual
Winter CME
Conference
February 1 - 4, 2012**



CME Committee Chair Wanted!!

The DEAPA Board is looking for an individual, or individuals, who can take over the planning of DEAPA's annual winter conference, held at The Grand Summit at **Sunday**

River. You will train with the best: long-time CME Committee Chair, Cheryl DeGrandpre, and work with a capable and experienced staff member of MMA who will handle logistical details. Interested members should contact Cheryl and DEAPA President Greg Christensen, through staff liaison Barb Farrell. You can email Barb at bfarrell@mainemed.com.

Thank you

DOCTOR OF THE DAY

One of the traditions of the Maine State Legislature is that for about 15 years there has been a "Doctor of the Day". The duties of this individual are to provide emergency care should it be needed at the Statehouse. The "Doctor of the Day" is usually not busy, but has the opportunity to meet and interact with state legislators. The Doc of the day is frequently introduced in either the House or the Senate.

With the current emphasis on healthcare reform, and team-based medical care, DEAPA has been wondering if PAs should be involved in this program. If you know of a physician that has been selected for this honor, please think about asking if you could go along. It would be up to the presiding officers whether or not you would be officially recognized, but in any event, it would be an excellent chance to emphasize the value of PAs in medical practice. In the worst-case situation, the doctor of the day will be glad to have you there.

Board of Directors Nominations are Open!

If you are interested in serving on the DEAPA Board of Directors or a DEAPA Committee, please contact the nominations committee chair: Gregg Christensen at gchristensen@emh.org



One of DEAPA's goals for the coming year is to improve communication via our website and facebook page.

Newsletter editor and publication/website Chairman Noel Genova could use some help on her committee, particularly with continuing development of the website, and up-keep of the facebook page. Interested DEAPA members would work with Noel, webmaster Paul Nichols, facebook page manager Emily Battson, Kumagae, MMA staff liaison Barb Farrell, and the DEAPA Board on all aspects of DEAPA's communications.

If you would like to know more about this opportunity, please contact Noel Genova at noelpac@aol, and Barb Farrell at bfarrell@mainemed.com.

We look forward to hearing from you!



Downeast Association of Physician Assistants

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2010-2011 New and Renewing Members! ~ Thank You For Your Membership!

(As of February 28, 2011)

*Lawrence Adrian, PA-C, Portland**
Alexandra Ainsworth, PA-C, Hartland
Julia Barrett, PA-C, West Gardiner
*Natban Bisson, PA-C, Hermon**
Amy Bosinski, PA-C, Brunswick
*Ian Buchan, PA-C, S. Portland**
*Erica Chaffey, PA-C, York**
Jeffrey Crowder, PA-S, Lisbon Falls ***
Bart Decristoforo, PA-C, Yarmouth
Lori Eckerstorfer, PA-C, Ft. Fairfield
Scott Ellis, PA-C, Kennebunk
*Jeffrey Gagnon, PA-C, Waterville**
Patricia Gathman, PA-C, Waterville
James Grossman, PA-C, Stockton Spgs
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