

# Downeast Association of Physician Assistants

## DEAPA July 2012 Newsletter

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### ***Needed: Grassroots PA Effort to Help Pass***

### ***Legislation Impacting PA Practice!***

We are PAHPM (Physician Assistants in Hospice and Palliative Medicine) and we represent the small but growing number of Physician Assistants who are working in this challenging but rewarding specialty.

Currently, PAs are barred from providing hospice care to Medicare beneficiaries, even though it is allowed by state law. The inability of PAs to provide hospice care for their terminally ill Medicare patients places an unconscionable burden on the patient to find alternative care and denies patients access to their "medical home" at a time when they are the most vulnerable. *This is an especially important issue for PAs practicing in underserved, remote, and/or rural settings where the PA may be the sole provider in that geographic area.*

NPs, however, are allowed to provide this care to Medicare beneficiaries. Our organization has been hearing from PAs who are either losing their positions or are unable to apply for positions providing hospice and end-of-life care. In the face of a nationwide physician shortage, this is simply not good for our patients, or our profession. PAs are uniquely qualified to provide hospice care to patients in need; we are skilled in not only pharmacologic management of symptoms, but we are skilled communicators who thrive in a team-based model of care.

#### **WHAT YOU CAN DO TO HELP:**

There is currently a bill in the House of Representatives, **HR 3831**, *the Medicare Hospice Care Access Act*, which would allow Physician Assistants to provide hospice care to patients electing to utilize their Medicare Hospice Benefit. It makes no sense that Medicare beneficiaries who routinely receive full-spectrum medical care from a PA and who elect to receive the hospice benefit are not able to receive hospice care provided by their PA.

We are asking you to take a moment to click on the link below (the AAPA Legislative Action Center) to contact your state legislators to urge them to endorse this bill that will allow PAs to care for and support these patients and their families as they deal with life-limiting illness.

<http://capwiz.com/aapa/issues/alert/?alertid=60807531>

Click on the "Go" button and fill in the information requested to contact your legislators in your geographic area.

If you like more information on the specialty of hospice and palliative medicine and how PAs are working in this field, please check out our website at [www.pahpm.com](http://www.pahpm.com)

E~NEWS JULY 2012

# Innovative Solutions for Building Recovery with Alternatives to Psychotropic Medication

September 20-21, 2012 Freeport Maine



## A Two-Day Conference:

**WHEN: Thursday & Friday, September 20 & 21, 2012**

**TIME: 8:15 - 4:00 pm, each day (registration begins at 7:45 am)**

**WHERE: Hilton Garden Inn, 5 Park Street, Freeport, Maine**

**COST: CCSME Member - \$229, Non-member \$259**

**T**his cutting edge conference hosted by Co-Occurring Collaborative Serving Maine (CCSME) includes nationally and internationally recognized keynote speakers, breakout sessions, an expert panel discussion, and opportunities for networking in beautiful New England fall foliage. With a focus on effective, empirically demonstrated non-medical solutions for behavioral conditions, this conference brings together the foremost experts in the field to present the evidence about the true effectiveness of psychotropic medication and to introduce viable alternatives to medication and guidelines to raise the bar of care equal to the available science. Presenters include Robert Whitaker, James Greenblatt, MD, Joanna Moncrieff, MD, Barry Duncan, PsyD, David Oaks, David Cohen, PhD and others. CME have been applied for. <http://buildingrecovery.eventbrite.com>

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Your DEAPA delegates to AAPA House of Delegates wish to share the link of complete actions taken by the 2012 HOD in Toronto for your review, so that you can be informed of the final actions taken by the HOD.

Please share this link for the summary of actions - [http://www.aapa.org/uploadedFiles/content/About\\_AAPA/Governance/Resource\\_Items/2012-SOA-Final.pdf](http://www.aapa.org/uploadedFiles/content/About_AAPA/Governance/Resource_Items/2012-SOA-Final.pdf).

Should you have any questions, please do not hesitate to contact delegates Kirsten Thomsen or Shawn McGlew.

We wish also to acknowledge alternate delegate Lisa deWolfe who sat on the floor as the third delegate and Susan Kepes who contributed her input on one of the issues on the HOD floor.



The resolution dealing with the name change for the profession from Physician Assistant to Physician Associate took the greatest amount of time and attention as delegates were thoughtful in consideration of the many aspects and ramifications of the issue.

A resolution proposed to create a task force to “discuss the title for the profession as well as the ramifications of a title change” which was amended by a proposal to have a study done to be as objective as possible by an independent third party, including input from all stakeholders. This resolution was amended, debated, voted down, reconsidered, reopened and finally voted down over the course of three days. It was the sense of the delegates that sufficient information was available on the issue therefore making it unnecessary to “engage in an expensive information gathering process that would divert resources away from essential Academy endeavors.”

We would like to encourage DEAPA members to review the summary of actions and feel free to contact us with any concerns or questions.

The DEAPA voice was shared as we participated in an active House. Marilyn Fitzgerald, an AAPA senior VP who had worked for 35 years with the organization, was awarded Honorary PA status by a resolution submitted by the SAAAPA delegates,

Maryann Ramos and Kirsten Thomsen. Her contributions over the years to our profession have been invaluable and she is greatly missed but enjoying her retirement.

Our own Maine PA, Alan Hull, who is the HOD Speaker of the House, did a tremendous job once again and was re-elected to his position as Speaker by the seated delegates.

Dear Ms. Pierce,

It was a pleasure to meet you at the State CO leadership meeting at the AAPA Conference in Toronto. Thank you for your interest in supporting PAs in Hospice and Palliative Medicine. Attached is an article you can include in your state CO newsletter to help educate your members on the PA Hospice Bill and to ask for their support. By taking just a couple of minutes, they can contact their legislators and encourage them to sign on in support of the bill, which would allow PAs to provide hospice services to Medicare beneficiaries. This is a bill that already has bipartisan support and no cost to the taxpayers.

As a side note, the AAPA Legislative Action Website is available to everyone (not just AAPA members) so I would encourage your members to ask their families, friends, and any other people who believe PAs should have the right to provide quality care to patients from cradle to grave to click on the link and show their support.

Again, thank you so much for your support.

Please don't hesitate to contact me with any questions.

Sincerely,

Donna Seton, MS, PA-C  
President, PAHPM (Physician Assistants in Hospice and Palliative Medicine)

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# **2012 New England Clinical Symposium & Workforce Summit**

On August 23, 2012 the Maine Primary Care Association and the Maine Office of Rural Health and Primary Care will host the first New England Clinical Symposium and Workforce Summit in beautiful downtown Portland, ME.

The event will feature two prominent keynote addresses, an 'Ask the Expert' Roundtable/World Café - featuring members of our expert speaker faculty - in addition to two breakout tracks:

The clinical track will offer CME sessions on:

- † *Caring for an Aging New England:*
- † *Clarifying the Lines Between Mood Disorders, Dementia and Delirium*
- † *A Spreadable Alzheimer's Initiative: A Plan for Early Diagnosis & Treatment*
- † *Health Care for our Heroes:*
- † *A Spotlight on Issues Ranging from Traumatic Brain Injury to PTSD*
- † *Cultural Competency: A Panel Discussion on the Cultural Landscape*
- † *and the Crossroads of Primary Care*

Primary care clinicians are called upon to provide a diverse and ever-growing array of skills and knowledge to meet the demands of patients young and old, and from all walks of life. This track will bring together a wide spectrum of clinical sessions in parallel with the variety of issues clinicians address on a daily basis. Attendees can expect an educational forum featuring dynamic sessions and speakers, rich with opportunities to meet or reconnect with colleagues.

The Administrator and Health Care Staff track will feature:

- † *Physician Contracting and the Nuances of Working with J1 Candidates*
- † *Innovative Initiatives for Recruitment & Retention:*
- † *Introducing the Community Apgar Project*
- † *Findings of the Massachusetts 2011 Retention Project*
- † *Veterans on the Frontlines of Primary Care:*
- † *Enhancing New England's Safety Net Workforce*

The summit will tackle the issues and opportunities facing our clinical workforce "pipeline", as we move forward in an era of health care reform. With the safety net perspective in mind, this track will focus on engaging the clinicians of today, while shaping and attracting the generations to follow. In addition, we will look at moving beyond recruitment toward practice and community improvement in becoming the practices of choice for clinicians.

Please join us on August 23rd for this Workforce Summit for clinicians, health care administrators and staff from Maine, New Hampshire, Vermont, Massachusetts, Connecticut and Rhode Island.

Click [here](#) to register or contact Andrea Watkins for registration information.

Click [here](#) for information on Exhibiting and Sponsorship Opportunities.