



Downeast Association of Physician Assistants

DEAPA E-News Brief

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We'd Like to Hear from More of You!

Two weeks ago, we invited readers to comment on the future of the PA profession. So far, we've heard from 2 Maine PAs. [The previous articles are included below.](#)

One, a specialty PA, thinks that the PA profession will not be able to advance without a name change, improved training, and increased participation in specialty certification exams.

The other, who works in urgent care, supports the original intent of the PA profession, as inextricably linked to physician supervision.

Interestingly, we did not hear from any PAs in primary care. Specifically, we received no confirmed reports of inability to find work as a PA due to physician preference for NPs.

We hope to hear from more of you, as the experiences and preferences of our members influence DEAPA policy and focus. [Let us know your thoughts and feelings about your profession!](#)

POINT/COUNTERPOINT REGARDING MAJOR CHANGES TO THE PA PROFESSION

DEAPA Member David Hamel has written a thoughtful piece regarding making significant changes to the PA Profession, particularly for experienced PAs in primary care settings. ([DAVID'S VIEW PAGE 2](#)) Newsletter Editor Noel Genova has provided a response. ([NOEL'S VIEW PAGE 3](#)) Both are long-time Mainers, both are graduates of Northeastern University's PA Program, and both work in primary care. Noel beats David out experience-wise by 5 years—32 years of service vs. 27. But both are **potential** candidates (in David's vision) for answering "Yes" to the question posed to Noel by her primary supervising physician several years ago: "Can't you Grandmother in or something? Will you always need this paperwork done?"

That said, none of the team Noel works with would want to stop working together, sharing approaches and knowledge. None of the comments in this exchange should be interpreted as a desire to end the working relationships between PAs and the Physicians with whom we practice, serving our patients to the highest possible standards.

DEAPA leadership is interested in members' experiences in our profession. Do you find yourself at a disadvantage with regard to employment opportunities because of our status as dependent practitioners? If present, is the issue particularly acute in primary care? Do you feel less valued as an "assistant" than if you were called by another name?

Let us know your thoughts. As appropriate, responses will be presented in the December issue of DEAPA News.

*To submit a news item, contact either
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David Hamel's View

I see two distinctly different futures for PAs:

The first is one in which we continue to remain completely DEPENDENT practitioners while NPs continue to practice independently. In many areas of the state, NPs have become a much more attractive provider for employers because they do not have the same administrative baggage as PAs, with our supervisory requirements. PAs have lost ground in the job market, especially in Primary Care.

The second is my preferred alternative future, where PAs become much more politically active and push for increasing degrees of autonomy and ultimately INDEPENDENCE in the primary care specialties. We gain ground in the job market as a viable option for addressing the looming primary care provider shortage.

I graduated from the Northeastern PA program in 1985. I've worked in primary care ever since (ER/FP/Occ Med). I'm over 50 years old now, and I watch and worry as our primary care delivery system seems to just keep getting worse, with limited access to good providers. I work primarily in the ER now so I see all of the patients who do not have access to a PCP.

The role of Primary Care is paramount, yet PAs as a solution to the problem has gotten very little discussion in the media coverage of "Healthcare Reform".

PAs are the ideal answer for expansion and improvement of the system's capacity, and yet there is almost no mention of us in the debate. Where is our leadership with regard to this question? Wasn't expansion of access one of the primary goals in the creation of the PA concept? Are we held back from expressing our full potential as primary care providers because of our permanent "dependent provider" status, and our fuzzy public image as "doctor's assistants".

I know that the situation varies from state-to-state depending upon business and practice laws. I know that in some areas PAs have been able to partner with physicians effectively in creating new practices, improving the quality of care in their communities.

I would propose something along the line of creating a **three tier system** for PAs to become INDEPENDENT PRIMARY CARE PROVIDERS:

1. **Tier One** would be for new PA program graduates. They would retain the title of "**Physician Assistant**" and would be closely supervised by more advanced and experienced healthcare providers.
2. **Tier Two** would see the PA taking an exam and fulfilling experience requirements (perhaps 3-4 years post-grad) and being granted the title of "**Physician Associate**", with increased levels of autonomy within a practice.
- Tier Three** would see the PA again fulfilling further experience level requirements (Perhaps 5-6 years post-grad) and examinations and receiving the title of "**Medical Practitioner**" (MP) which would allow him/her to practice independently with the full legal autonomy of an ARPN/MD/DO.

I see the new process as probably involving the creation of specialty-based exams for movement into the 2nd and/or 3rd tiers of practice. The *progression to advanced levels would be optional* for PAs who desire an independent practice model. This provides incentive and motivation for those amongst us who may otherwise feel constrained at lower levels of legal autonomy. It provides an *apprenticeship type of system of advancement based upon both merit and experience, quantified by written and oral examinations* that I think would be acceptable to other medical and nursing professions, and to the public.

I propose this not only as a PA but also as a PATIENT who has experienced firsthand how the Primary Care system in this country is defective in many ways. Granted our healthcare system is also extraordinary in many ways, but we are at a critical junction here.

THE TIME HAS COME!

David A. Hamel, MHP, PA-C
Northeastern PA Class of 1985
27 Years in Medicine - My how things have changed!

Noel Genova's View

I share David Hamel's concern about PAs' abilities to compete for jobs in primary care settings, but not his view that the Physician/PA Supervisory care model should be discarded. The physicians' input into the care I give our patients is simply too valuable to give up.

I agree with David that the absence of virtually any mention of the PA profession's ability to assist in expansion of primary care services is not only unfortunate, but shocking. I am not sure what has led to this void, as AAPA puts great effort into assuring, for example, that PAs are included as primary care providers in any and all definitions of Primary Care Medical Homes, and of Accountable Care Organizations.

Being an evidence-driven sort, I balk at the conclusion that Maine PAs are losing out on primary care positions to APRNs because of burdensome regulations. I hope for responses from readers regarding their experiences in the primary care job market. I do not contest that many of us have heard of this preference on the part of physicians for the past few years, but I have not heard specifics as to why APRNs are preferred over PAs. Further, I know of many fine PAs working in primary care who obviously were chosen by their employers for some reason. It would be interesting to hear from those readers as well.

As to the name change, I personally am unaffected. Virtually everyone I come into contact with—excepting physicians and administrators—thinks I'm an NP, introduces me as an NP, refers to me as an NP, and is repeatedly apologetic when I remind them that I'm a PA. I confess that I find this to be frustrating. The first challenge for me in discussing the potential role of PAs in our (hopefully) evolving primary care health system is to convince people that I'm a PA!

Noel J. Genova, MA, PA-C

Northeastern PA, Class of 1980; MA Muskie School of Public Service at USM, 1995

The Only Constant Is Change

Again, we welcome and solicit your opinions on the issue of the future of PAs in primary care. Are there barriers to finding work in primary care settings? If so, what are they?

Submissions must be constructive, and are subject to editing.

We look forward to hearing from you!



23rd Annual Downeast
Association of Physician Assistants
Winter CME Conference
February 6-9, 2013



Join us for this exciting educational event!

This conference offers a variety of exciting topics for all PAs.

www.deapa.com/conference—On-line Registration!