Downeast Association of Physician Assistants

DEAPA News

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Question 1: Is DEAPA suffering an identity crisis? There has been recent discussion of a name change due to questions regarding members and non member PAs understanding the meaning of Down East, and if it potentially alienates physician assistants from participating in our state's organization.

Do you feel that a name change from Down East Association of Physician Assistants (DEAPA) to Maine Academy of Physician Assistants (MAPA) would be a better representation of our professional association and the PAs practicing throughout the state of Maine?

Question 2: What do you envision for the future of the PA profession??

We asked for your input, and here are the results in this edition of DEAPA News.

Back to Our Roots

Two of DEAPA'S Founders Respond to the discussion regarding a name change for DEAPA.....

A grey hair writing here.

I am sure most know that the term Downeast refers to a historical nautical term that made reference to the track sailors took to return back to Europe/England when leaving the colonies. It helped to distinguish the Maine coast at that time that Maine was still a part of the Massachusetts colony.

http://www.answers.com/topic/down-east

In order to distinguish ourselves from other state PA associations: Massachusetts, Missouri, Montana, Mississippi, Maryland, Minnesota in many cases also known as MAPA, we (the founders) chose to honor our state heritage. Maine PAs were and still are a vanguard group of the profession's leaders and we didn't want to be confused with everyone else.

It may be time to change, but the name was discussed and thought about by those of us who were founders.

Michael Sheldon, PA-C

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Origin of a Name

In 1976, a small group of PAs met to begin the process of establishing a chapter of the AAPA in Maine. Several necessary administrative tasks to accomplish this were undertaken at that meeting including the selection of the name for the fledgling chapter.

It is interesting to learn that, within the current national sphere of discussions about the rebranding of our profession, attention is being given to the changing of the name of Maine's chapter of the AAPA. I neither know how this latter topic arose nor can I project how it will resolve but as I had the opportunity to be involved in the proceedings of that 1976 planning meeting and its subsequent decisions, I can offer some perspective that might clarify for the current membership why Down East Association of Physician Assistants was chosen as the chapter's name.

Although, at the time of that meeting, nationally there were few state chapters, there were already several with the acronym of "MAPA". Accordingly, it was decided to create a chapter name that would be unique; one that would render the Maine chapter distinctive and keep it from becoming "just another MAPA" in the lexicon of AAPA chapters. To this end, the state's history and tradition were discussed and that which was gleaned from those two sources was incorporated into the decision.

For those who may not be familiar with the historical aspect, "Down East" originated as a nautical term when Maine was still a part of Massachusetts Bay Colony. Then the easiest way to travel from southern Massachusetts to northern Massachusetts (Maine) was by sea. When sailing from Massachusetts to Maine, voyagers had the wind to their back and were, therefore, headed downwind and in an easterly direction as the ports of call in Maine were east of Boston. Hence, Down East as a descriptive referred uniquely to Maine.

By tradition, Maine's populace has had an inherent nature of rugged individualism. In 1976, the success of the nascent PA profession in the state was not a foregone conclusion of any of that meeting's attendees. Accordingly, it was viewed that the opportunity presented itself to incorporate within the chapter's name the spirit that symbolized the state's population's unwritten philosophy, to wit: being individualistic vis-à-vis as what was viewed as the staid conformity of the other AAPA chapters.

It was from the melding of these two premises that the chapter's corporate name emerged.

Most assuredly times do change. Over the intervening decades since that inaugural meeting convened, the profession has grown in both depth and breadth and is well established in Maine. And DEAPA, as a representative professional organization, has matured, increasing its prominence and presence within the state and its preeminence within the deliberative body of the AAPA.

Such professional and organizational achievements might form the basis for a reassessment of the corporate branding. However, in and of themselves, they do not necessarily mandate a change when it has been the continuing application of the underlying tenet of individualism reflected in that branding that has occurred in the ensuing years that has contributed to those achievements.

Bob Lapham, PA-C, DFAAPA

Other members weigh in with suggestions……

I think that Maine State Society of Physicians Assistants would be better than "Academy" which sounds like we are still in school training.

Just my opinion, John Clark, PA-C

I am in favor of MAPA over DEAPA..
Kathy Lees, PA-C

I vote yes to changing the name to MAPA. DEAPA makes it sound like there is more than one PA chapter in Maine, and that the state is divided by region. MAPA is much more accurate.

Thanks, Berkeley Williams, PA-C

Regarding the possibility of changing our PA association name from DEAPA to MAPA or something else… If it's thought that the name is a barrier somehow to membership, why don't we first find out if that is the case? Non-DEAPA members could be polled to see what their thoughts are. Do employers pay or not pay for membership (this was why I did not join in MA when I worked there)? Is the name offensive to some? Is it something else? Again, when working in MA, I had no CME /membership money as I worked for a solo practitioner with little discretionary funds. It was a struggle to pay for my own DEA, state license and NCCPA requirements and as a consequence, my state organization became a non-priority. Besides that, I don't recall as many issues there as here and they didn't seem to need my input (denial, I know but that's what many PA's in Maine might be thinking). Regarding our name, 'DEAPA' stands apart from other organizations, although it's also true that it could be considered exclusionist by many in the state. I practice in the mid-coast region and have no qualms with being 'downeast'. There are plenty of "MAPA's" out there; might we want to distinguish ourselves somehow? I'm not sure that our name is as important as other reasons that we don't know about just yet.

Respectfully submitted, Alison F. Wood, PA-C

Visions of Our Future - Two Voices from Long Time DEAPA Members

Name change? I would agree that a name change may be appropriate to MAPA from DEAPA. As for the battle for more independent look to the PA profession... I would agree that Physician Associate may better represent what we do. Our profession has grown and has tried to adapt to the demands of the healthcare environment. In many ways and in many venues we have become more independent.. or best said more autonomous. In my opinion, this has developed primarily because of the trusted relationship with our physician supervisors. Therefore, I don't believe we as a profession, founded on that Physician/PA relationship, should do anything that might jeopardize the dependent/partnership nature of that relationship. The CAQ process may be an avenue that we as a profession should take advantage of and I believe will provide opportunity and job security in the market. This process I believe is in the right direction for our profession, not the independent pathway.

Bill Sheppard, PA-C, CAQ/Emergency Medicine

From the Heart - a PA in an underserved specialty speaks.....

Since reading the provocative opinions of David and Noel in the November 16 issue of DEAPA E-News, and then seeing the thoughtful responses by Gregg and Berkeley, I have been inspired to put ideas to paper. I've thought about how to express my feelings about the future of the PA profession without "bashing" NP colleagues and I don't know if I can separate my own resentful feelings from this discussion. Like others who have commented, I am a senior PA, having practiced in psychiatry in Maine for close to 30 years. To my knowledge, I was the first PA in this specialty in the state.

Despite this experience, I have found myself passed over by potential employers in favor of newly-graduated NP's whose legal ability to practice without supervision is seen an asset. I have spoken to physicians who are highly critical of the ability of these NP's to provide quality care, yet their economic advantage seems to outweigh their lack of clinical acumen to administrators who are watching bottom lines in tough financial times.

I was gratified recently to interview with the VA, where PA's are highly respected and favored. I spoke with a psychiatrist about how psych NP's are working in private practice in Maine, even seeing children (!) with severe mental illnesses, without physician collaboration. His opinion was that "they do so at their own peril," meaning that they have marginalized themselves in the health care community and that this is a dangerous practice model that likely will not be what the public will want as bad outcomes occur.

We heard criticisms of mid-level providers last year by State Senator John Martin of Eagle Lake, who theorized that the problem of prescription drug abuse in his part of the state was fueled by NP and PA indiscriminate prescribing. I would venture to say that I have seen overprescribing of psychostimulants by NP's who also seem to be too free in using other psychotropic medications off-label. I think that the physician-PA model of team care helps to prevent these sorts of medication issues and to ensure that patients in need of controlled substances can get appropriate, safe treatment.

I believe our future as a profession lies in what is seen by physicians as our value to them in extending their ability to provide the best possible care to their patients. I do not believe that PA's should strive toward independent practice; rather, I think we need to lobby for legal change to have the practice of NP's restricted again, so that all mid-level providers are required under state statute to be supervised by licensed physicians. I think then that our particular stock goes up as employers give appropriate consideration to our superior training and clinical skills. I know these are fighting words, but we could see ourselves shoved out of the medical system if we don't take charge of our own destiny.

Julie Barrett, PA-C

Addressing the NP/PA question is a bit more complex. Again, while in MA, I was a preceptor to NP students for a few years as their schedule of several days weekly vs. 4-6 weeks for a full time PA-S matched my work schedule better. All were getting adequate training but there were some important rotations missing, namely Emergency and Surgery, which I found were both key to my becoming a well-rounded PA. One motivated student told me that he and several other NP students were augmenting their educations at Northeastern University by taking additional classes they thought were important but not available to them as NP students. Here in Maine, I have had the ability to work with both PA's and NP's and I find little, if any, difference in practice ability. However, it seems that the new NP graduates often need more catch-up with certain emergency aspects (reading ECG, cardiac meds).

My disagreement with the NP/PA issue is that since we're essentially equals, there needs to be some adjustment made to our respective requirements. I practice on Islesboro, where my 2 PA colleagues and I provide both primary and emergency care to our residents. Two other nearby islands with Health Centers and providers that provide primary and emergency care are Vinalhaven (1 NP, 2 PA's) and North Haven (2 NP's); both have supervisory physicians, though North Haven with NP's isn't required to do so. All of us are equivalent in the medical care we provide but PA's don't have the same regulatory requirements from the state, namely prescriptive rights and physician supervision. The NP's on the other islands can prescribe medications I can't and are not required to have physician supervision, though they do. I've had the pleasure of working per diem on both islands and know their providers to be exemplary clinicians and great people. While the NP's on Vinalhaven and North Haven are not new graduates, I do find it somewhat scary that newly-minted NP's in other locations can go out in the world and prescribe certain medications which I, as a seasoned practitioner with 16+ years, cannot. Certain medications that I was readily able to prescribe in MA and have years of experience doing so.

Regarding the issue of physician supervision, I find it a privilege and bit of a relief to have an MD or DO to call for questions and the chance to 'pick their brains' so that I can continue to learn and grow as a professional. I want the best for my patients and while reading Up-to-Date and journals is important, there's nothing like gleaning personal and professional thoughts from someone with more experience or education than me. While I also call local specialists from time to time, it's been beneficial to have a formal agreement with one or two physicians and the ability to call whenever needed. Once again bringing in my MA experience, NP's and PA's were identical in the eyes of the state and had the same regulations: both needed supervisory physicians, both could prescribe the same medications. Why can't that be the case in Maine?

Respectfully submitted,

Alison F. Wood, PA-C

We are delighted at the number of thoughtful responses we've received to our 2 questions!

There's plenty of room for further discussion. Keep those responses coming!!

From the AAPA

By Adam Brackmeyer, AAPA Government Affairs

Thanks for the opportunity to add to DEAPA members' creative ideas about patients, PAs and primary care. While AAPA policy does not support departing from physician-PA team practice or changing the name of the profession, it strongly supports maximizing the ability of PAs to be effective in all areas of medicine, and recognizes the key role primary care plays in the health of the nation.

Terms and AAPA Policy

An early note on descriptive terms and policy—while the PA profession has strong roots in team practice (and to quote Jim Cawley, MPH, PA-C, "We were team before team was cool") the term "dependent" just isn't accurate in describing PA practice and doesn't do justice to the role PAs play in the health care team. We have abandoned that term, and put a strong emphasis on team, autonomy, and leadership for PAs. On policy—please remember that policies are adopted by the Academy House of Delegates, which is composed of PAs. (Please note that DEAPA's Board of Directors is currently recruiting a Delegate. If interested, please contact Chief Delegate Kirsten Thomsen.)

PAs and the Affordable Care Act

Based on Academy policy, and an understanding of primary care, AAPA leaders, staff and PA advocates across the country worked to assure that PAs were appropriately recognized in the Affordable Care Act (ACA). Independent of your view of the ACA, the consensus opinion of PAs was that if it was to pass, it must appropriately include PAs. The ACA addresses the key role PAs play in primary care by:

Naming PAs as primary care professionals
Making PAs eligible for a 10% primary care bonus payment
Enabling PAs to order/certify post-hospital SNF (transfer from hospital to SNF; physician still must perform comprehensive visit)
Enabling PAs to perform Welcome to Medicare Exams and the new annual wellness exams
Increasing funding for the National Health Service Corps
Increasing funding for PA education
Including loan repayment for PA program faculty
Integrating PAs in the new models of care including Accountable Care Organizations and Patient Centered Medical Homes

AAPA and Assistance to DEAPA with Maine Issues

While these are important changes in federal law, there is still much that can be done at the state level. Maine law is generally very favorable for PAs. However there are still administrative burdens that could be addressed.

For example, many states are eliminating redundant paperwork requirements for PAs and physicians to work together. States already license both professions – what is gained by the state requiring additional forms for licensed PAs and physicians to work together? Arizona, California, Michigan, New York and a host of smaller states have abandoned the requirement for paperwork to be sent to the state when PAs and physicians choose to work together.

In addition to this type of improvement, states are taking other key steps to assure PA inclusion in the primary care workforce. We are very enthused by several new developments. As you may already know, in August the governor of Massachusetts signed legislation naming PAs as primary care providers in the state's reformed health care system. AAPA provided strong support to MAPA for this legislation, and we are seeing similar momentum in other states. This is very important, and a focus for our work going forward.

To help PA state chapters eliminate barriers to providing care, AAPA has a dedicated staff to assist state chapter leaders with improving laws, regulations and with media outreach. We can write and send electronic action alerts requesting Mainers to contact their elected representatives, draft and help place op-eds, draft testimony or legislative language and provide any information your chapter needs to influence policymakers in either Augusta or Washington, D.C.

Playing Politics, and Looking to the Future

Is there more to do? Absolutely. In this Congress, our federal advocacy team worked with legislative staff to draft legislation allowing PAs to order home health care services for Medicare patients. Should PAs have been included as eligible providers for electronic health record incentives? Yes, and in 2009, our federal advocacy team did everything conceivable to make that happen. Unfortunately, enacting bipartisan commonsense reforms that would improve patient access to care or include PAs when they should be included is not as easy to do as it should be. But we must continue to keep trying.

In a perfect world, laws and regulations would improve more quickly. But any profession that is highly regulated at the state and federal level and reimbursed by government payers must contend with politics. As we all know, sometimes politicians do what we ask of them, sometimes they do not. AAPA will continue to work on the federal level. And, if Maine has laws or regulations inhibiting PAs from providing primary care, we can continue to work on improvements. In many respects, PAs are the ideal provider for the changes in US health care. We are eager to help the profession—and Maine PAs through DEAPA—to reach your full potential.